

Name

in

Full

CERTIFICATE OF DEATH

George E. Armura

Town

County

Died at

Date

Month

Day

Years

Months

Days

of death

1909

July

16

Age

6

Birth-

place

Lakeland

Sex

Male

Color or

Race

White

Occupation

Where Residing if not
at place of death

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDMarried, Single
or Widowed

Child

Name of Wife or
Husband

William Armura

Father's
Name

William Armura

Father's
Birthplace

Virginia

Mother's
Maiden Name

Dora Rutter

Mother's
Birthplace

North Carolina

Name of person giving
Information

J. E. Jones

How related
to deceased

Nephew

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Respiratory system

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

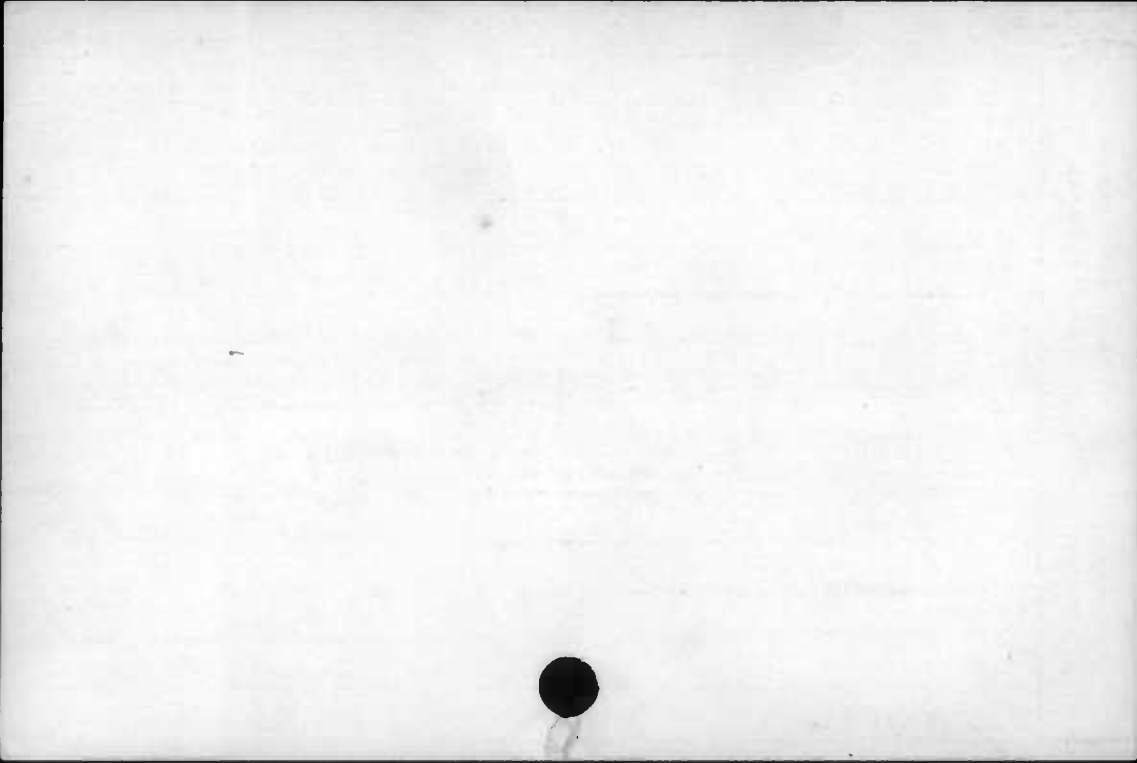
Address

As Mass. spoken

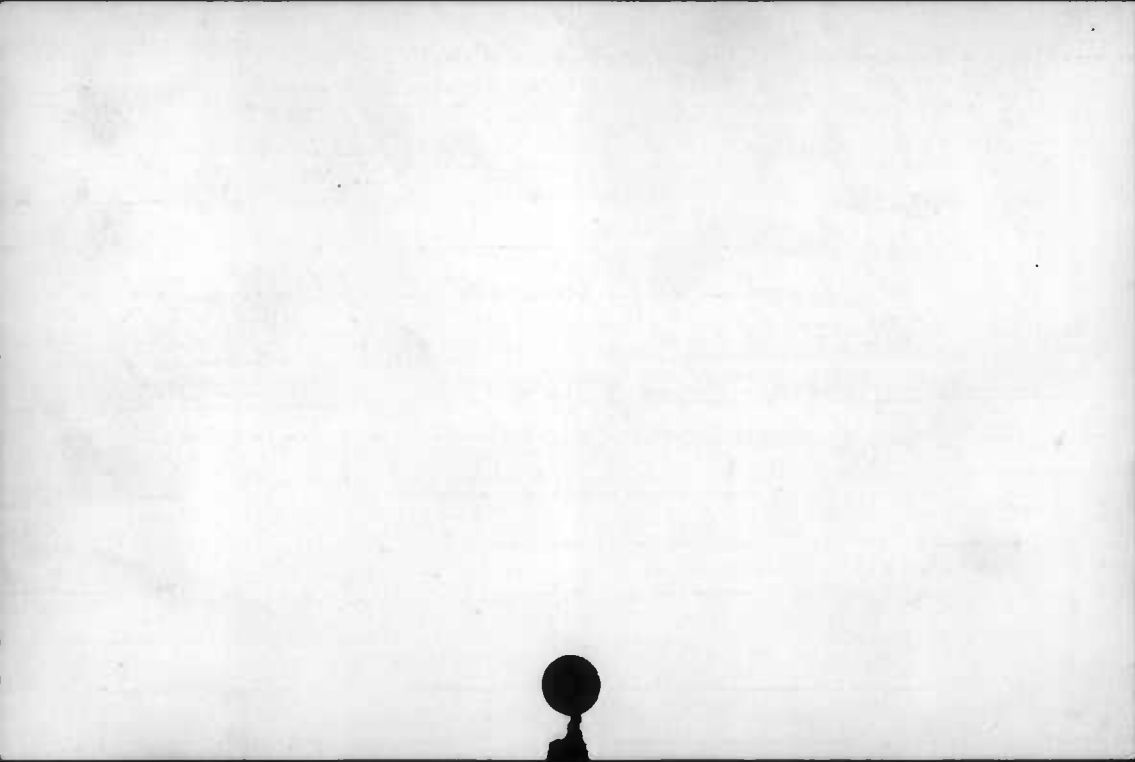
J. O. Parker.

Accident or Suicide?

Spartanburg, S.C.



| | | | | | | | |
|---|--|--|--|--|--|---------------------------------|--|
| Name in Full Ellen E. Beall | | Town McChesville | | County P.B. | | CERTIFICATE OF DEATH | |
| Died at McChesville | | Date of death 1909 July 14 | | Age 40 | | MARYLAND | |
| Sex Female | | Color or Race White | | Birth-place P.B. & Md. | | Months — Days — | |
| Occupation Housewife | | Where Residing if not at place of death — | | | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Edmond E. Beall | | | | | |
| Father's Name Chas. Beall | | Father's Birthplace P.B. & Md. | | | | | |
| Mother's Maiden Name Mary E. Warring | | Mother's Birthplace P.B. & Md. | | | | | |
| Name of person giving information J. C. Jones | | How related to deceased Brother | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | CAUSES OF DEATH | | | | 27 X | |
| | | Primary Phthisis Pulmonalis | | | | How long eight months | |
| PHYSICIAN OR CORONER | | Immediate As the cause | | | | How long 5 | |
| | | Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Wm. D. Durrall M.D. | | | |
| | | Address Springfield Md. | | | | | |
| Accident or Suicide? No | | | | | | | |



Name

in Full

CERTIFICATE OF DEATH

Benedict Beckwith

Town

County

Died at

Bladensburg

Prince Georges

MARYLAND

Date

of death

1909 July 9

Age

Years

Months

Days

72

Sex

Male

Color or Race

White

Birth-place

Md

Occupation

Carpenter

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

Mary E Williams

Father's Name

Elbert Beckwith

Father's Birthplace

Md

Mother's Maiden Name

Ann Burgess

Mother's Birthplace

Md

Name of person giving Information

Charles Beckwith

How related to deceased

Son

CAUSES OF DEATH

Primary

Unknown

How long

179

Immediate

Cardiac syncope

How long

Immediate

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

Hugh W. Danner
Hyattsville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bethelge m d
mont Co

Name
in
Full

CERTIFICATE OF DEATH

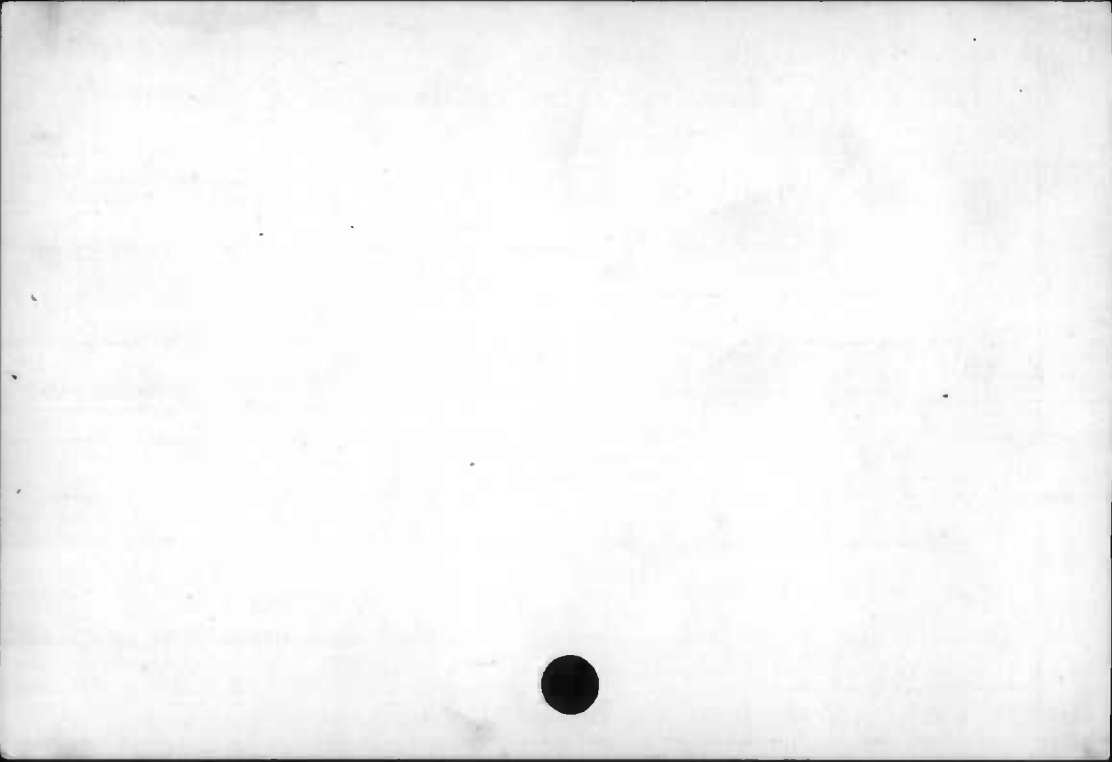
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|---------------------------------------|--|-------------------------|--|---|--|--------|--|-----------------|--|--------|--|---------------|--|----------|--|
| Name in Full | | Mary H. Berry | | | | Town | | Princeton Largo | | County | | Prince George | | MARYLAND | |
| Died at | | Date of death | | Month | | Day | | Age | | Years | | Months | | Days | |
| | | 1909 | | July | | 21 | | 69 | | | | 7 | | — | |
| Sex | | Female | | Color or Race | | White | | Birth-place | | | | Indol. | | | |
| Occupation | | Housekeeping | | Where Residing if not at place of death | | | | | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | Geo. H. Berry | | | | | | | | | | | |
| Father's Name | | Jefferson Dorsett | | Father's Birthplace | | Indol. | | | | | | | | | |
| Mother's Maiden Name | | Harriet Dorsett | | Mother's Birthplace | | Indol. | | | | | | | | | |
| Name of person giving Information | | Chas. M. Berry | | How related to deceased | | Son. | | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | | | | |
|--|--|------------------------|--|------------------------|--|------------------|--|--------|--|
| Primary | | Cerebral Hemorrhage | | (64) X | | How long | | 6 days | |
| Immediate | | Hypertensive pneumonia | | | | How long | | 4 days | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | L. S. Savage | | | |
| | | | | Address | | Birmingham, D.C. | | | |
| Accident or Suicide? | | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Wesley Blake

Died at ^{Town} near Mitchellville^{County} Prince Georges

MARYLAND

Date of death 1909 July

Day 23rd

Age

Months - Days 3 hours

Sex Male

Color or Race Colored

Birth-place Prince Georges Co Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Richard Ernest Blake

Father's Birthplace Calvert Co. Md.

Mother's Maiden Name Effie Jones

Mother's Birthplace Anne Arundel Co. Md.

Name of person giving Information J. F. R. Dufour

How related to deceased Not related

CAUSES OF DEATH

151

Primary Malnutrition

How long During Gestation

Immediate Exhaustion

How long 3 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

J. F. R. Dufour
Mitchellville
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

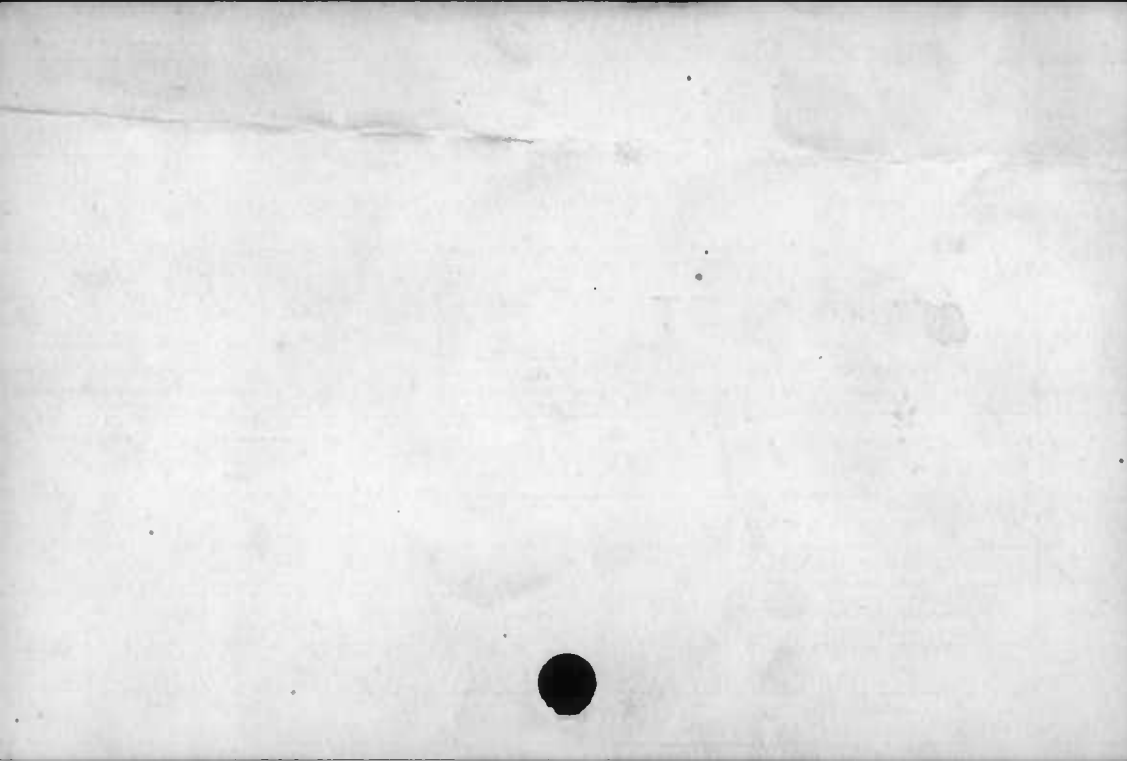
| | | | | | |
|---|-------------------------|------------------------------------|---|------------------------------|--------------------------------|
| Died at <i>Beltsville</i> ^{Town} | | <i>Pv. Geo's</i> ^{County} | | MARYLAND | |
| Date of death | <i>1909</i> | Month <i>July</i> | Day <i>24</i> | Age <i>77</i> | Months <i>0</i> Days <i>28</i> |
| Sex | <i>Male</i> | | Color or Race <i>White</i> | Birth-place | <i>England</i> |
| Occupation | <i>Horticulturalist</i> | | Where Residing if not at place of death <i>at Place</i> | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband | <i>Sarah Elizabeth Boyce</i> | |
| Father's Name | <i>Samuel Boyce</i> | | | Father's Birthplace | <i>England</i> |
| Mother's Maiden Name | <i>Fannie Wylie</i> | | | Mother's Birthplace | <i>England</i> |
| Name of person giving information | <i>George W. Boyce</i> | | | How related to deceased | <i>Son</i> |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|------------------------|---------------------|
| Primary | <i>Bright's Disease</i> | How long | <i>six weeks</i> |
| Immediate | <i>Urinary</i> | How long | <i>one week</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Chas. H. Fox</i> |
| | | Address | <i>Beltzville</i> |
| Accident or Suicide? | | | |



Name
in
Full

William Bradley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lanell

Prince Georges

Date

Month

Day

Years

Months

Days

of death

1909

July

13

Age

43

"

"

Sex

Male

Color or
Race

Negro

Birth-
place

Ma

Occupation

Lanell

Where Residing if not
at place of death

Lanell

Married, Single
or Widowed

Mrs

Name of Wife or
Husband

Irene Bradley

Father's
Name

Moses Bradley

Father's
Birthplace

Ma

Mother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
Information

Louis Solomon

How related
to deceased

Brother-in-law

CAUSES OF DEATH

171

Primary

Struck by Lightning

How long

Immediate

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

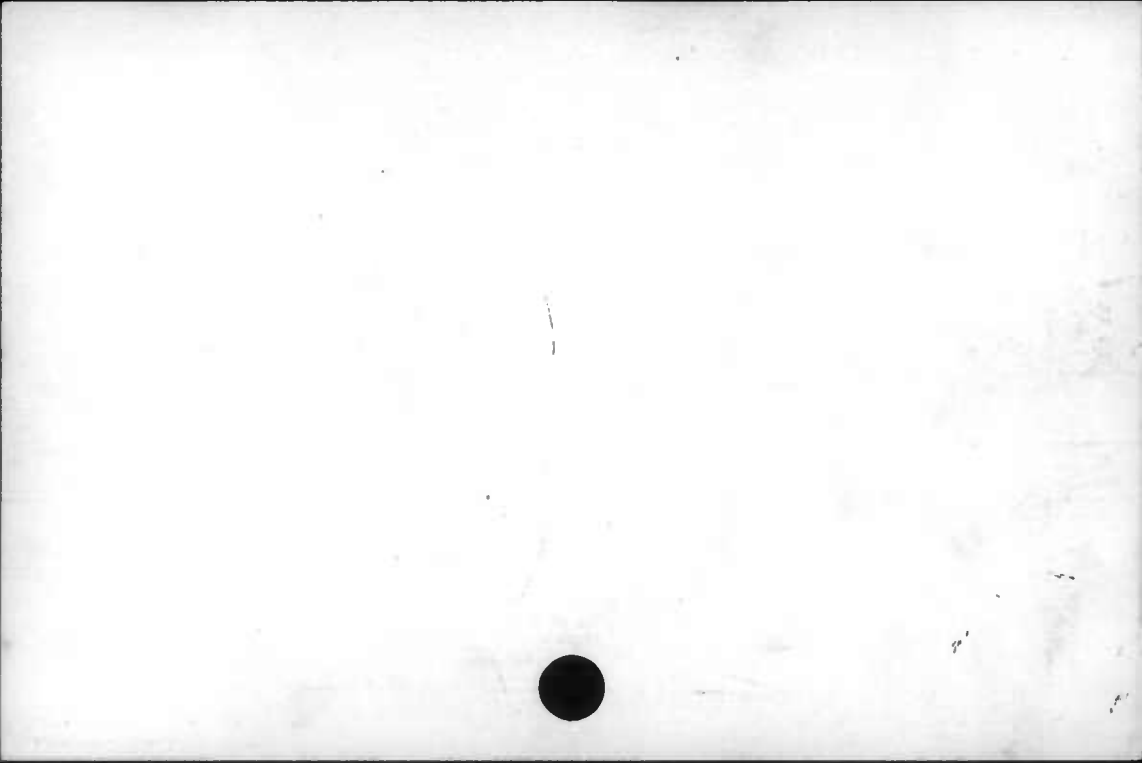
Address

Harry P. Frost
Lanell and
Arnone

Accident or Suicide

accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

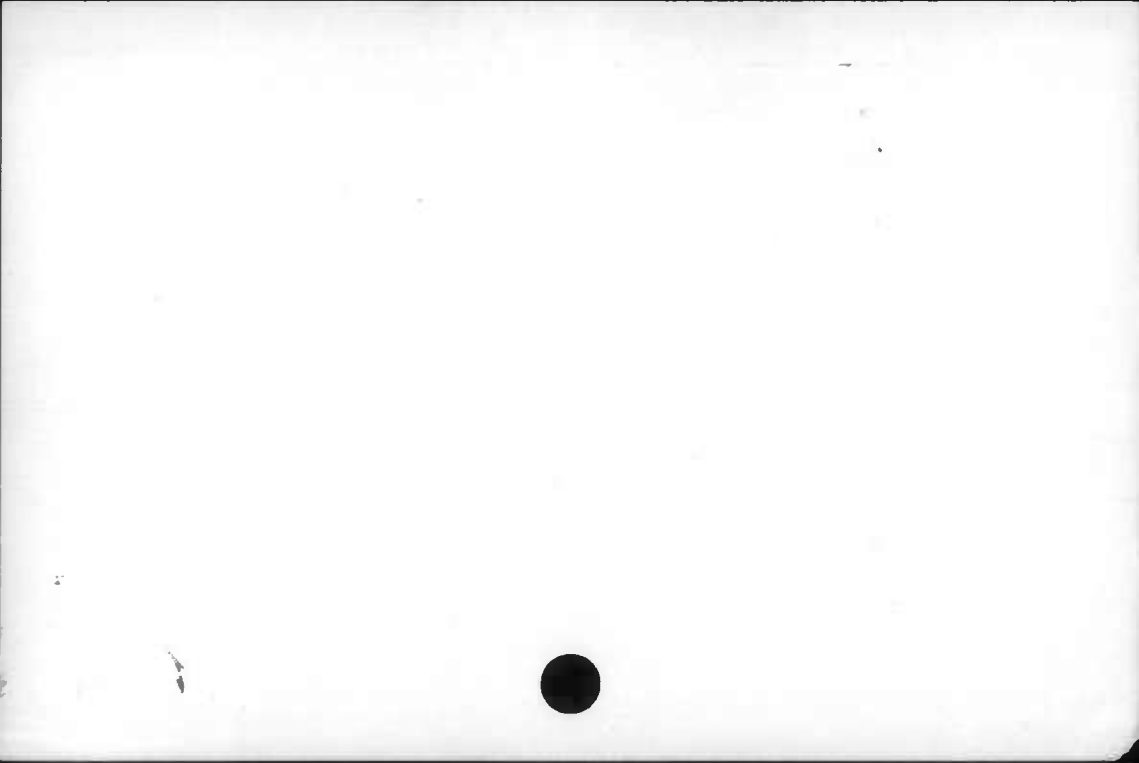
| | | | | | | | |
|--|--|---|--|---------------------------|--|--------------------|--|
| Name in Full <i>Jeremiah Brown</i> | | Town <i>Chapel Hill</i> | | County <i>Pr. Geo.</i> | | MARYLAND | |
| Died at <i>Chapel Hill</i> | | Month <i>7</i> | | Day <i>3</i> | | Years <i>82</i> | |
| Date of death <i>1909</i> | | Age <i>82</i> | | Months <i>—</i> | | Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Va.</i> | | | |
| Occupation <i>Laborer</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>"</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving Information <i>John E. Henson</i> | | How related to deceased <i>Neighbor</i> | | | | | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Paralysis</i> | How long <i>2 weeks</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>E. P. Simpson M.D.</i> |
| | Address <i>Rosecroft, Md.</i> |
| Accident or Suicide <i>—</i> | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Age

Months

Days

of death

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of death~~Married~~, Single
~~or Widowed~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Evelyn M Burns

CERTIFICATE OF DEATH

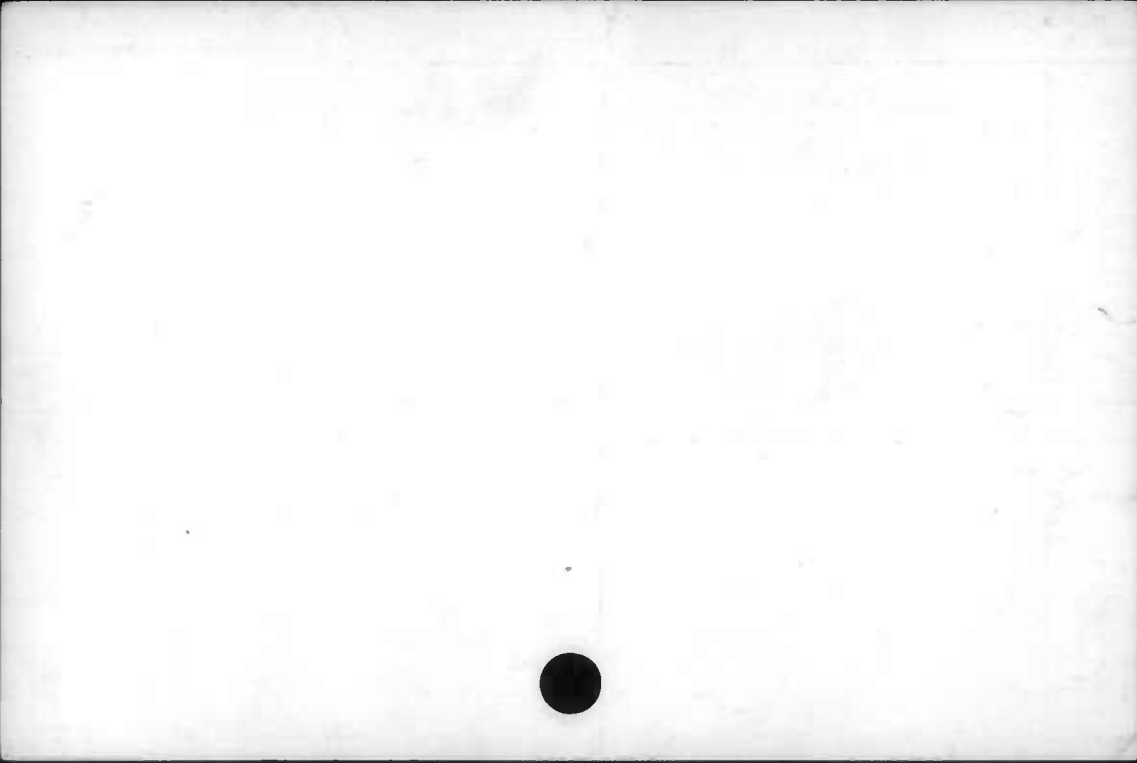
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---|--|--------------------------------------|--|
| Died at <u>Hyattsville</u> <small>Town</small> | | <u>Pr Geo</u> <small>County</small> | | MARYLAND | |
| Date of death 1901 <u>7</u> <small>Month</small> | | <u>10</u> <small>Day</small> | | <u>4</u> <small>Months</small> | |
| <u>7</u> <small>Sex</small> | | <u>W</u> <small>Color or Race</small> | | <u>md</u> <small>Birth-place</small> | |
| <u>✓</u> <small>Occupation</small> | | <u>✓</u> <small>Where Residing if not at place of death</small> | | | |
| <u>✓</u> <small>Married, Single or Widowed</small> | | <u>✓</u> <small>Name of Wife or Husband</small> | | | |
| <u>Edward R Burns</u> <small>Father's Name</small> | | <u>Pa</u> <small>Father's Birthplace</small> | | | |
| <u>Unmarried Ridings</u> <small>Mother's Maiden Name</small> | | <u>England</u> <small>Mother's Birthplace</small> | | | |
| <u>father</u> <small>Name of person giving Information</small> | | <u>105</u> <small>How related to deceased</small> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|--|---|
| Primary <u>Ileocolitis</u> | | <u>3 weeks</u> <small>How long</small> |
| Immediate <u>Cardiac syncope</u> | | <u>2 hrs</u> <small>How long</small> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>Thos E Palmer</u> |
| | | Address <u>Hyattsville</u> |
| Accident or Suicide | | |



Name
in
Full

CERTIFICATE OF DEATH

Mary E. Butler
Town District Columbia

County

MARYLAND

Died at

Date

of death

1909 July

23

Age

Years

Months

Days

2

Sex

Female

Color or
Race

Black

Birth-
place

D.C.

Occupation

Child

Where Residing if not
at place of death

Livingston Road D.C.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Butler

Father's
Birthplace

M-d

Mother's
Maiden Name

Laura Proctor

Mother's
Birthplace

M-d

Name of person giving
Information

James Butler

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

Asthenia

How long

1 "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

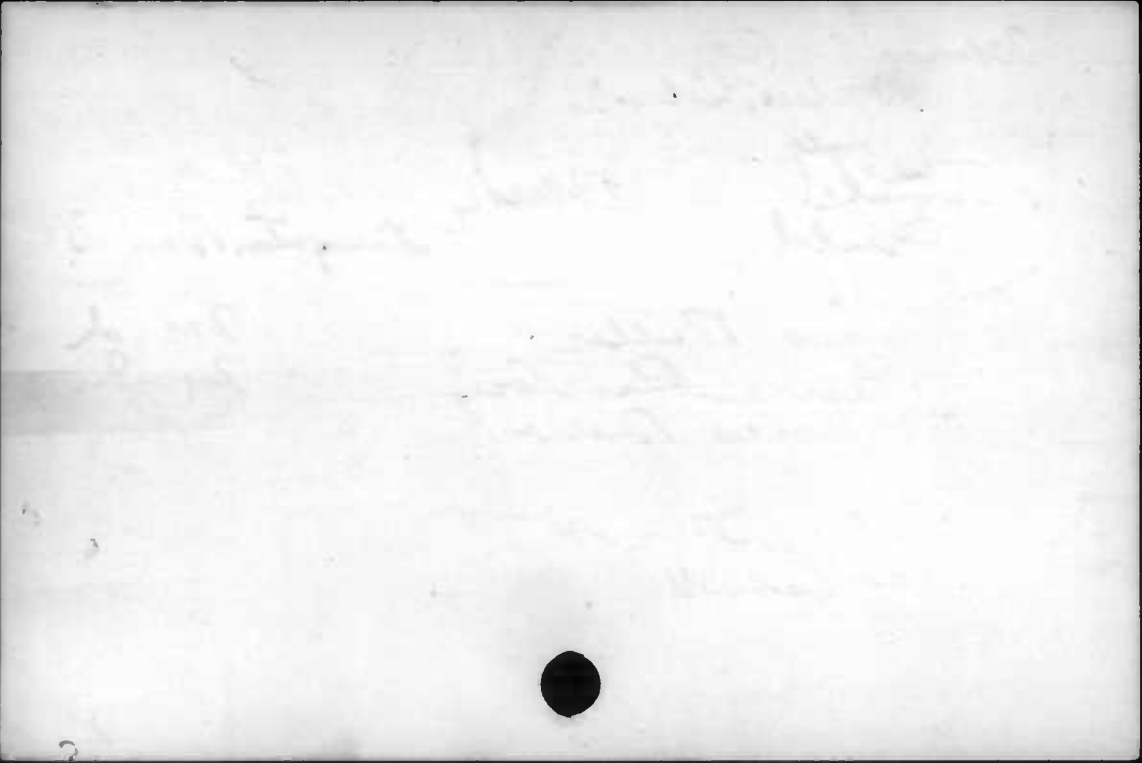
Address

J. M. Parker M.D.
Congress Heights
D.C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

No name barroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Nottingham ^{County} Prince George's MARYLAND

Date of death 1909 ^{Month} July ^{Day} 29 ^{Age} ^{Years} ^{Months} ^{Days} 3

Sex male ^{Color or Race} colored ^{Birth-place} md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Millie Carroll

Father's Birthplace

md

Mother's Maiden Name

Martha Harper

Mother's Birthplace

md

Name of person giving information

Clarence Windsor

How related to deceased

brother in law

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Spasms

How long

one day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

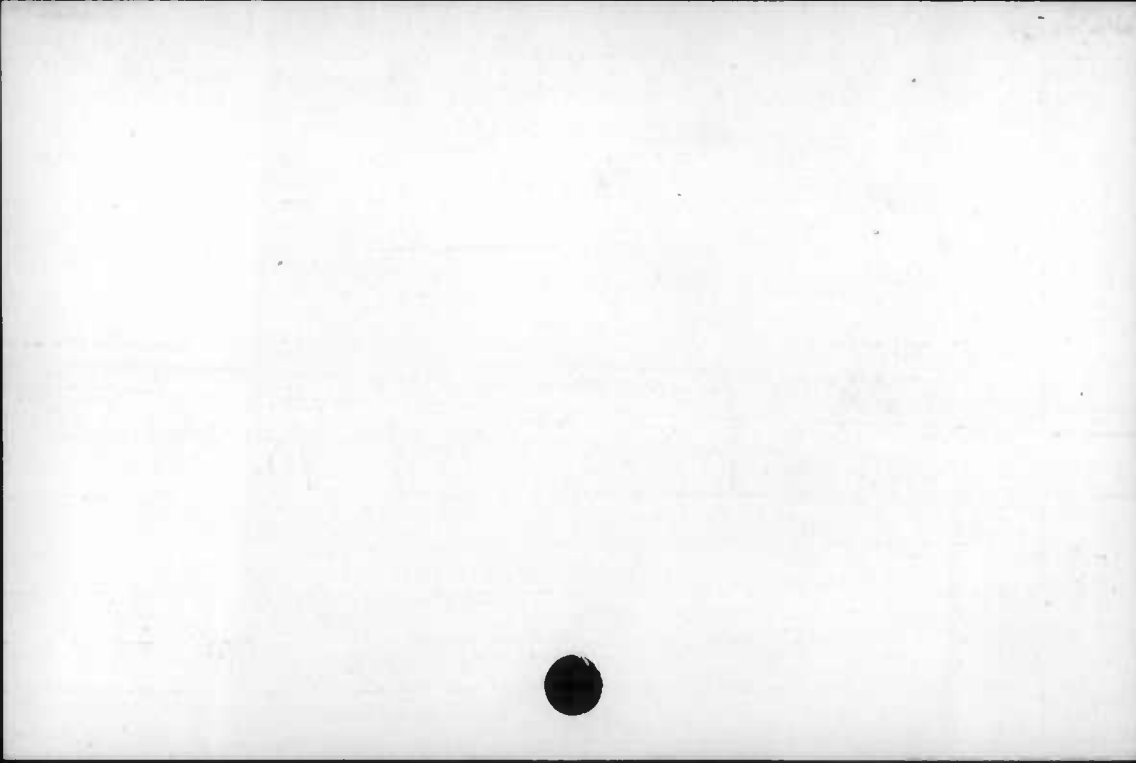
Signature of Physician

Ernest H. Garner

Address

Act Coroner
Northkeys md

Accident or Suicide?



| Name in Full | | Martha A. Chapman | | | | CERTIFICATE OF DEATH | | | |
|--|-----------------------------------|-------------------|---------------|------------------------|-------------------------|----------------------|------------------|--|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Woodmere | | Prince George's | | MARYLAND | | |
| | Date of death | | 1909 | July | 14th | Age | 5-2 | | |
| | Sex | | Female | | Color or Race | | Colored | | |
| | Occupation | | House work | | Birth-place | | Maryland | | |
| | Married, Single or Widowed | | Married | | Name of Wife or Husband | | Henry G. Chapman | | |
| | Father's Name | | Thomas Brown | | Father's Birthplace | | Maryland | | |
| PHYSICIAN OR CORONER | Mother's Maiden Name | | Mary Tobbs | | Mother's Birthplace | | Maryland | | |
| | Name of person giving information | | J. F. Chapman | | How related to deceased | | Son | | |
| | CAUSES OF DEATH | | | | (1) X | | | | |
| | Primary | | Typhoid from | | How long | | 18 days | | |
| Immediate | | Exhaustion | | How long | | 1 day | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | H. J. Steinkamp | | | |
| | | | | Address | | Hale, Md | | | |
| Accident or Suicide? | | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

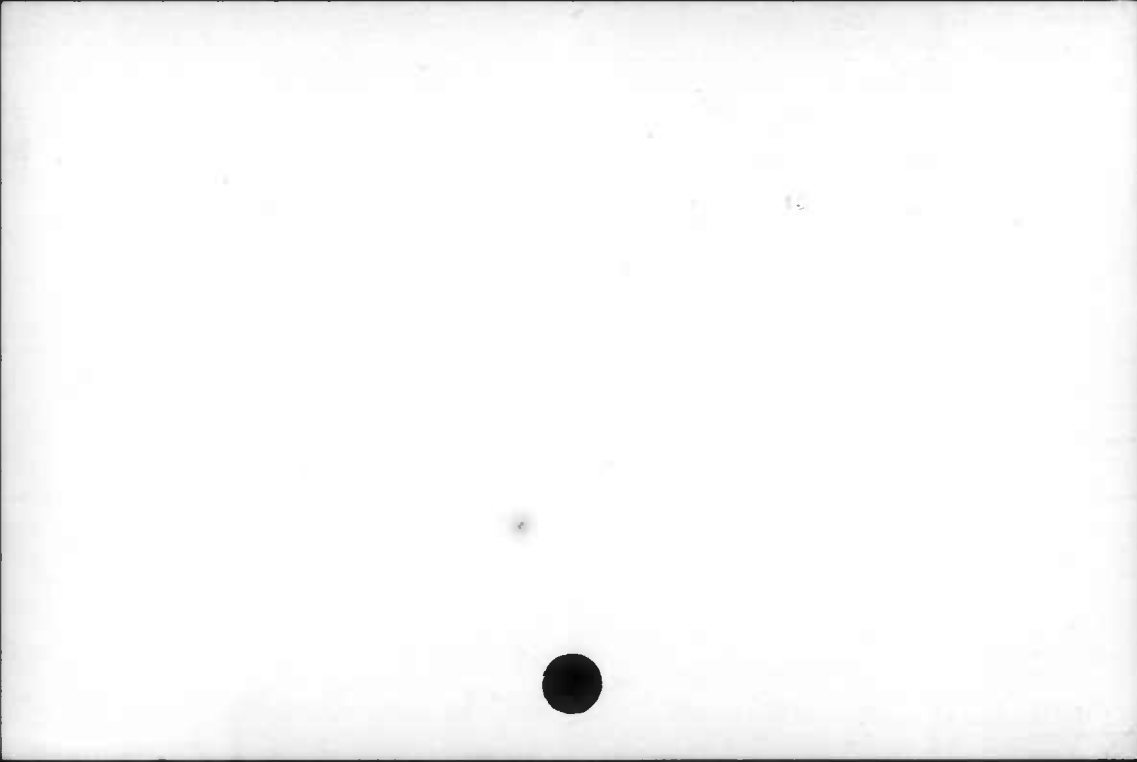
| | | | | | | | |
|---|--|---|--|---------------------------|--|---------------------|--|
| Name in Full <i>Mary E. Clifton</i> | | Town <i>Silver Hill</i> | | County <i>Pr. Geo.</i> | | MARYLAND | |
| Died at <i>Silver Hill</i> | | Month <i>7</i> | | Day <i>10</i> | | Years <i>—</i> | |
| Date of death <i>1909</i> | | Month <i>7</i> | | Day <i>10</i> | | Age <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Md.</i> | | Months <i>13</i> | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | | Days <i>11</i> | | | |
| Married, Single or Widowed <i>X</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>William E. Clifton</i> | | Father's Birthplace <i>Md.</i> | | | | | |
| Mother's Maiden Name <i>Lillie J. Moore</i> | | Mother's Birthplace <i>Va.</i> | | | | | |
| Name of person giving Information <i>Wm E. Clifton</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

143

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Tuberculosis</i> | How long <i>3 weeks</i> |
| Immediate <i>Convulsion</i> | How long <i>10 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. P. Simpson</i> |
| | Address <i>Rosecroft, Md.</i> |
| Accident or Suicide <i>—</i> | |



Name
in
Full

William F. Coffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

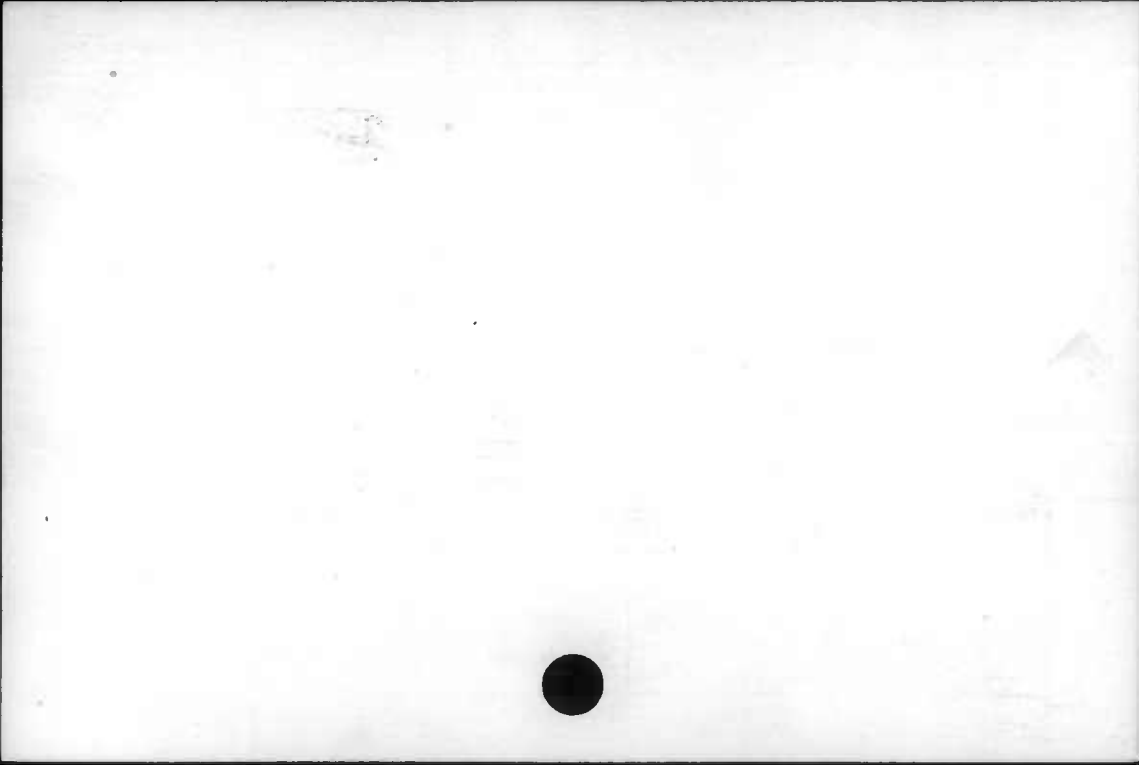
| | | | |
|--|--|-----------------------------------|---------------|
| Died at <u>Upper Marlboro</u> <u>Prince Georges</u> County | | MARYLAND | |
| Date of death 190 <u>9</u> <u>July</u> Month Day | Age <u>18</u> Years | <u>9</u> Months | <u>—</u> Days |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Upper Marlboro</u> | |
| Occupation <u>—</u> | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>—</u> | Name of Wife or Husband <u>—</u> | | |
| Father's Name <u>Richd. T. Coffin</u> | Father's Birthplace <u>P.R.G. Md.</u> | | |
| Mother's Maiden Name <u>Wells</u> | Mother's Birthplace <u>" "</u> | | |
| Name of person giving Information <u>R. T. Coffin</u> | How related to deceased <u>Father</u> | | |

CAUSES OF DEATH

105

| | | | |
|--|-------------------------|--|--------------|
| Primary | <u>Cholera Infantum</u> | How long | <u>1 wk.</u> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>Dr. Griffith</u> | |
| | | Address <u>Upper Marlboro Md</u> | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Name
in Full

Infant of Frank F. Conley.
 Town Laurel County Pr. Ges. Co

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

July

Day

23

Age

Years

Months

5 Weeks

Days

Sex

Male

Color or Race

White

Birth-place

Laurel

Occupation

Child

Where Residing if not at place of death

Laurel Md.

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Frank F. Conley

Father's Birthplace

Va

Mother's Maiden Name

L. R. Conley

Mother's Birthplace

Va

Name of person giving Information

Mr. Wood

How related to deceased

CAUSES OF DEATH

Primary

Enterocolitis

How long

1 week

Immediate

Concomitant

How long

3 hrs

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

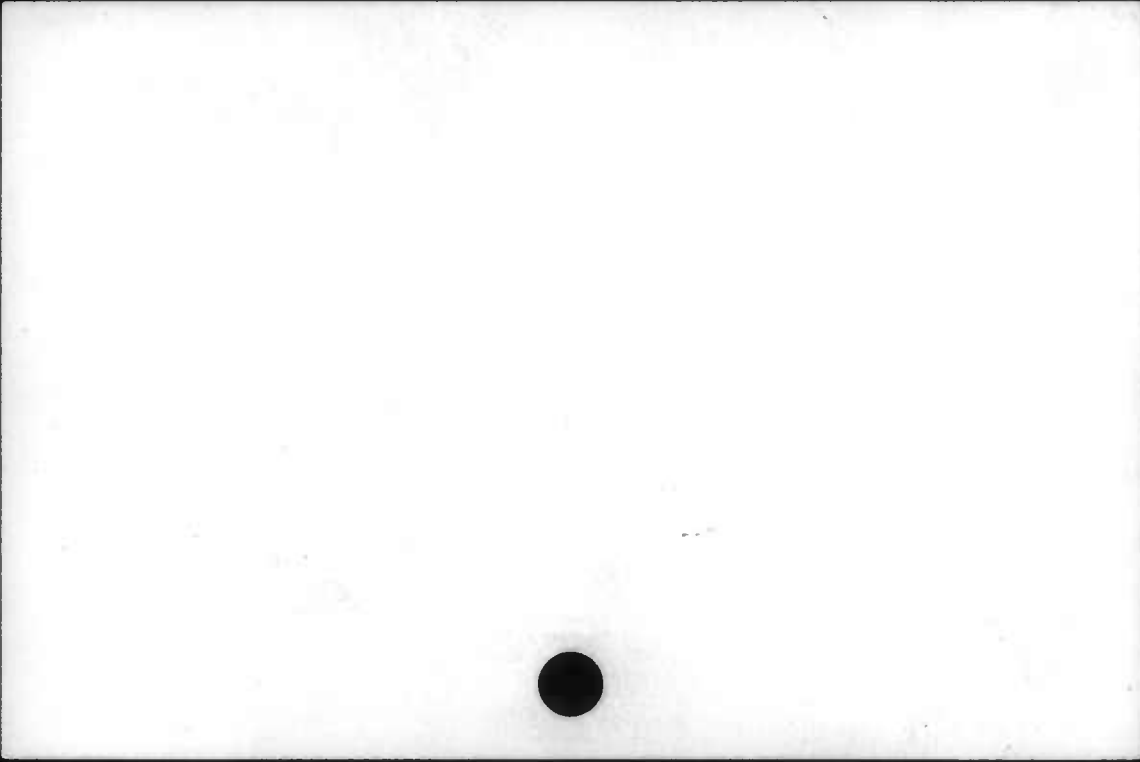
J. P. Henth
Laurel

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

105



Name
in
Full

Paul Crosswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|---------------|-------|---|-------------------------|-------------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | 7 | 25 | | - | 3 | - |
| Sex | male | Color or Race | white | Birth-place | Md | | |
| Occupation | none | | | Where Residing if not at place of death | - | | |
| Married, Single or Widowed | baby | | | Name of Wife or Husband | - | | |
| Father's Name | John Crosswell | | | | Father's Birthplace | Md | |
| Mother's Maiden Name | Evelyn Lizias | | | | Mother's Birthplace | Md | |
| Name of person giving Information | John L. Crosswell | | | | How related to deceased | Grandfather | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|--------------|------------------------|-------------------|
| Primary | ileo-colitis | How long | 2 months |
| Immediate | Hemorrhage | How long | one day |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | W. F. Taylor M.D. |
| | | Address | Laurel Md |
| Accident or Suicide | | | |



Name
in
Full

Edmonie Mailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

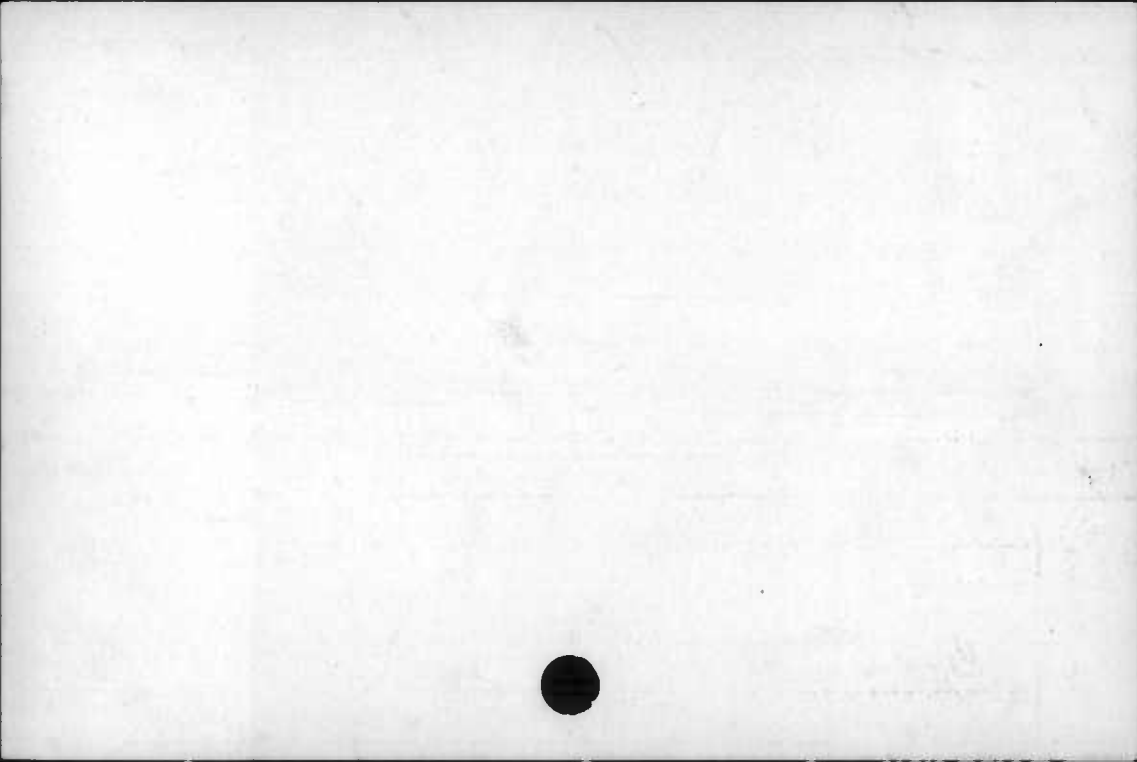
| | | | | | |
|---|--|-------------------------|--------------------------------------|-----------------|---------------|
| Died at <i>Brentwood</i> Town | | <i>Frederick</i> County | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>July</i> | Day <i>29</i> | Age <i>53</i> Years | Months <i>1</i> | Days <i>1</i> |
| Sex <i>female</i> | Color or Race <i>colored</i> | | Birth-place <i>Frederick</i> | | |
| Occupation <i>House Keeper</i> | Where Residing if not at place of death <i>Frederick</i> | | | | |
| Married, Single or Widowed <i>widow</i> | Name of Wife or Husband <i>Edmonie Mailey "Doc"</i> | | | | |
| Father's Name <i>Benjamin Blue</i> | Father's Birthplace <i>Frederick</i> | | Mother's Birthplace <i>Frederick</i> | | |
| Mother's Maiden Name <i>Katherine Blue</i> | How related to deceased <i>son</i> | | | | |
| Name of person giving information <i>Charles W Mailey</i> | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Bright's disease</i> | How long <i>one year</i> |
| Immediate <i>drooping</i> | How long <i>three weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. T. W. Smith</i> |
| | Address <i>Hyattsville</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

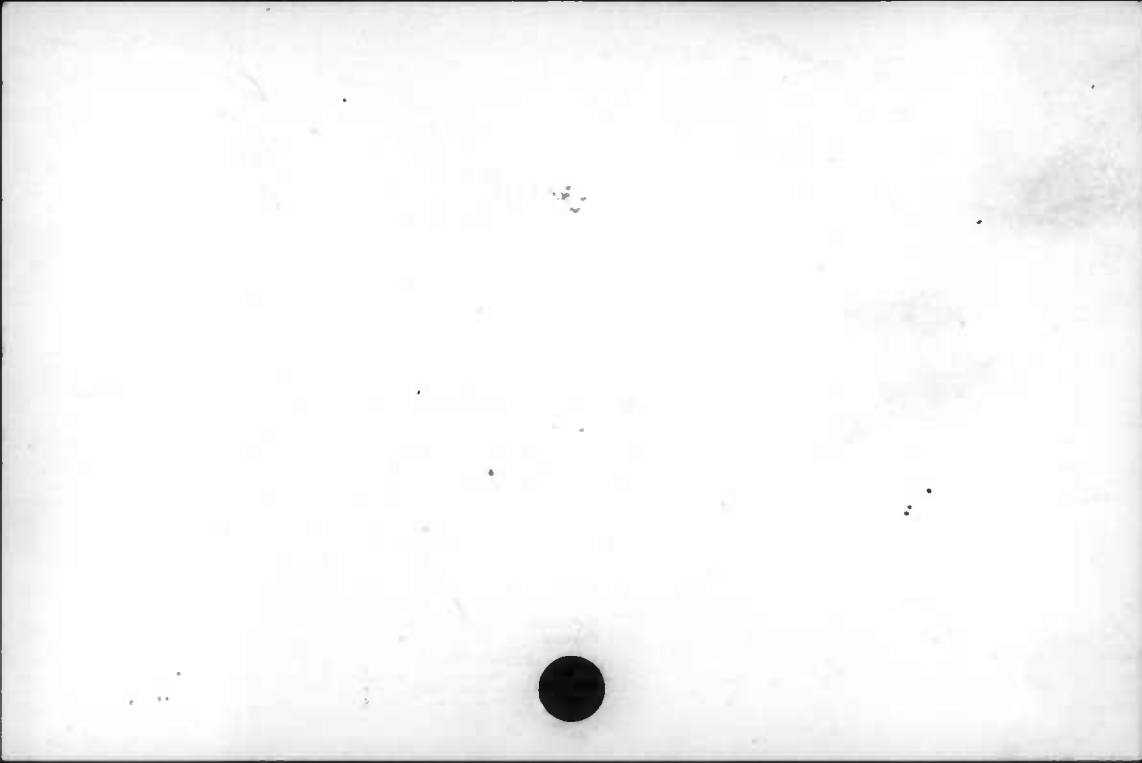
Levi H. Hale
Town *Rumell* County *Prince Georges* MARYLAND
Died at
Date of death 190 *9* Month *July* Day *10* Age *72* Years Months *5* Days *5*
Sex *male* Color or Race *White* Birth-place *Scotland*
Occupation *Farmer* Where Residing if not at place of death *—*
Married, Single or Widowed *married* Name of Wife or Husband *Anna Brown*
Father's Name *David Hale* Father's Birthplace *Scotland*
Mother's Maiden Name *Jennie Parkhill* Mother's Birthplace *"*
Name of person giving Information *Clarence Hale* How related to deceased *son*

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary *Heart failure* How long *immediate*
Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Harry F. Frost*
Address *Rumell Md*
Deorome
Accident or Suicide *—*



Name
in
Full

Archie Theodore Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

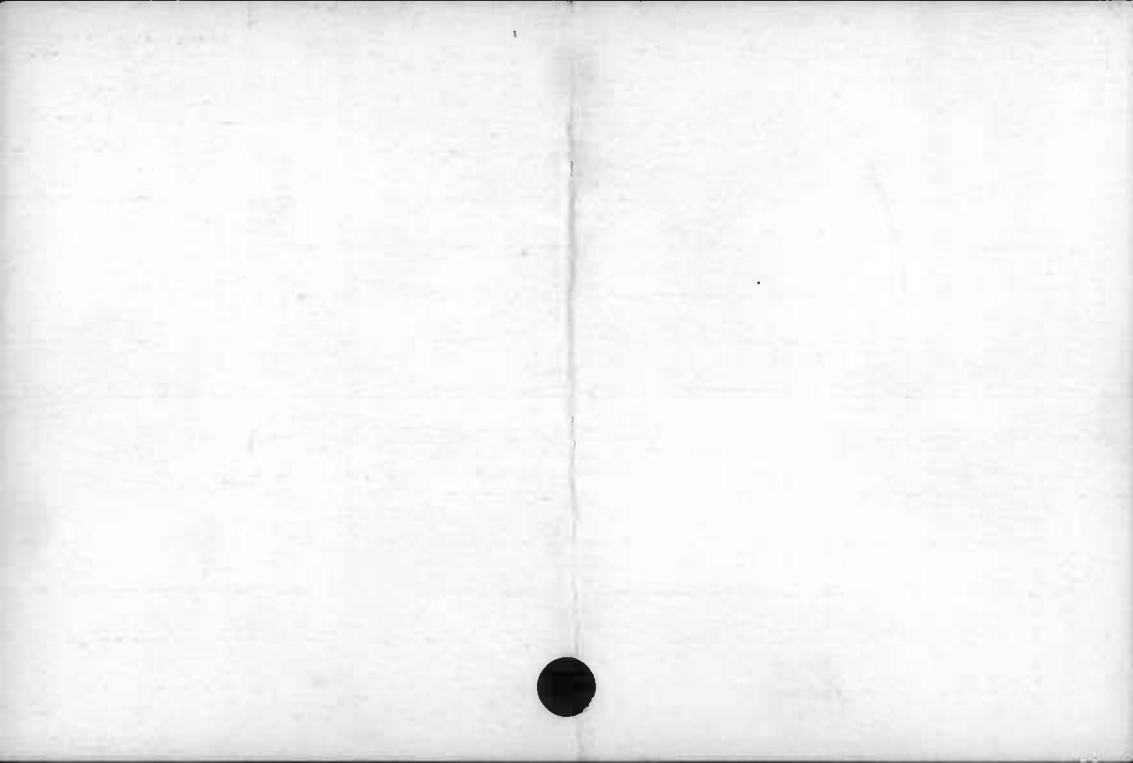
| | | | | | |
|---|-------------------|----------------------------------|--|------------------------------|----------------|
| Died at <i>Berwyn</i> Town | | <i>P. Geo</i> County | | | |
| Date of death <i>1909</i> | Month <i>July</i> | Day <i>30</i> | Age <i>—</i> | Months <i>4</i> | Days <i>21</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Berwyn Md</i> | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Infant</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Edward Daniels</i> | | | Father's Birthplace <i>P.G. Co. Md</i> | | |
| Mother's Maiden Name <i>Annie Dewby</i> | | | Mother's Birthplace <i>New Zealand</i> | | |
| Name of person giving information <i>Edward Daniels</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|---|---------------------------------------|
| Primary <i>Cholera Infantum</i> | How long <i>9 days.</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>A. Otis</i> |
| | Address <i>Berwyn Md</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

Ruth A. Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brentwood ^{County} P. G.
Date of death 1909 ^{Month} July ^{Day} 27 ^{Age} 58 ^{Years}
Sex female ^{Color or Race} Colored ^{Birth-place} Kent Co Md.
Occupation housewife ^{Where Residing if not at place of death}
Married, Single or Widowed widowed ^{Name of Wife or Husband} Louis H. Daniels
Father's Name not known ^{Father's Birthplace} Md.
Mother's Maiden Name " " ^{Mother's Birthplace} "
Name of person giving information Georgiana Jordan ^{How related to deceased} daughter

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary lobar pneumonia ^{How long} 2 weeks
Immediate asthma ^{How long} " "

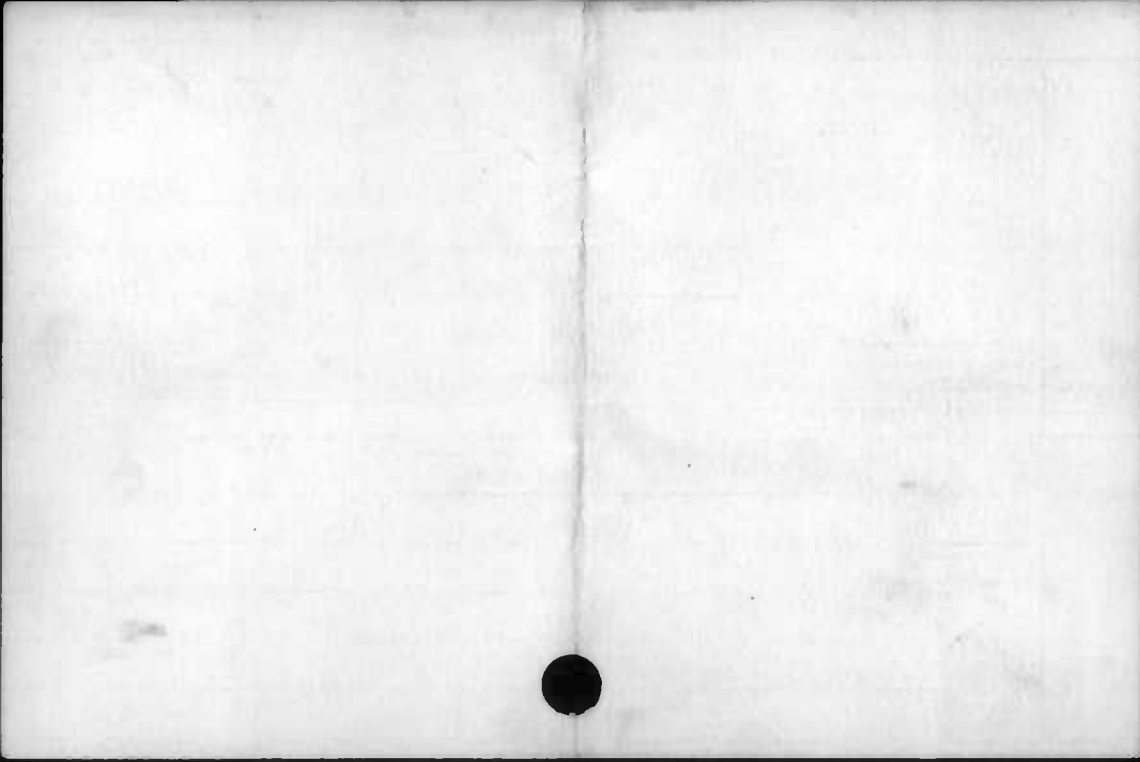
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Jac Coowling M. D.
 1119 You St. N. W.
 Washington, D. C.

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------|---------------|-------|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | July | 20 | | | 4 | |
| Sex | female | Color or Race | white | Birth-place | Ind. | | |
| Occupation | Infant | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | single | | | Name of Wife or Husband | | | |
| Father's Name | J. E. Davis | | | Father's Birthplace | | | |
| Mother's Maiden Name | Mary Hall | | | Mother's Birthplace | | | |
| Name of person giving information | J. E. Davis | | | How related to deceased | | | |
| | | | | | | father | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | | |
|--|------------------|-----|------------------------|----------|
| Primary | gastro-enteritis | | How long | 1 mo - |
| Immediate | asthma | | How long | 2 4 days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | |
| | | | Address | |
| | | | Z M Brady | |
| | | | Richworts no. | |
| Accident or Suicide? | | | | |

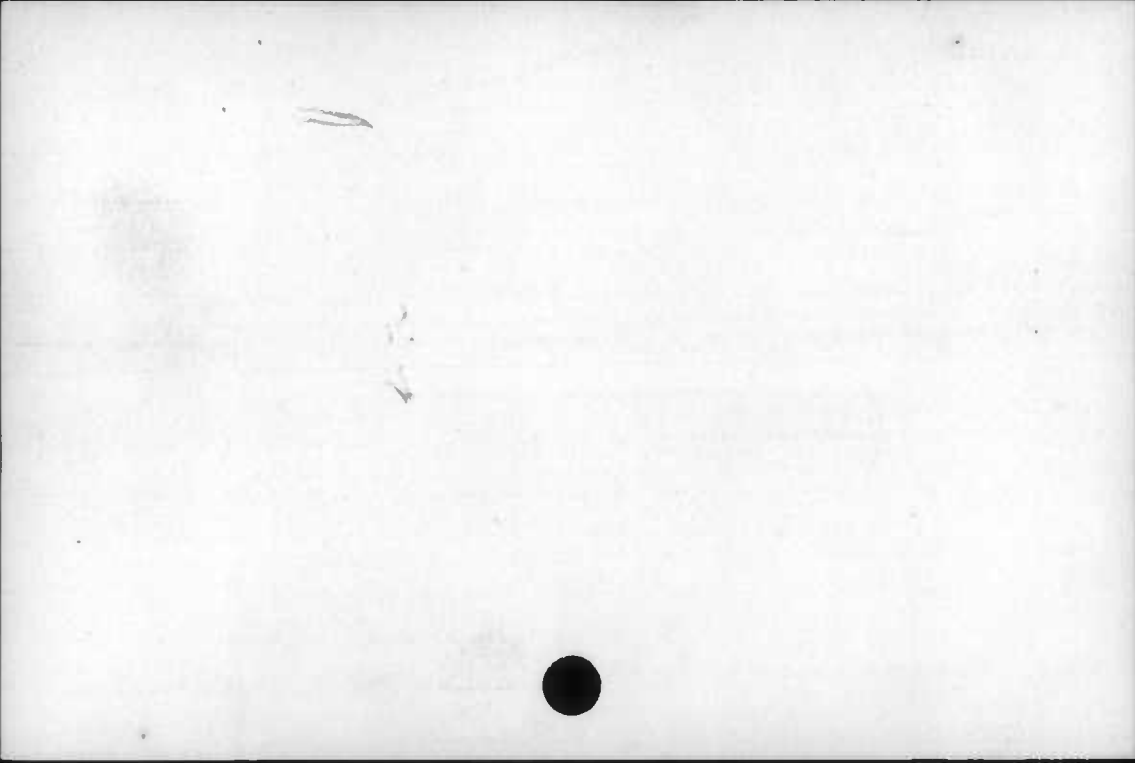
Quercus entryna

Marble

J. E. Davis and Co.



| | | | |
|--|--|---------------------------------------|------------------|
| Name in Full <i>Helia Flora Dyson</i> | | CERTIFICATE OF DEATH | |
| Town <i>Millwood</i> | | County <i>Prince Georges</i> | |
| Died at <i>Millwood</i> | | MARYLAND | |
| Date of death <i>1909 July 9</i> | Month <i>July</i> | Day <i>9</i> | Age <i>77</i> |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | Birth-place <i>Forestville Md.</i> | Months Days |
| Occupation <i>Housekeeper</i> | Where Residing if not at place of death <i>Millwood</i> | | |
| Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>not known</i> | | |
| Father's Name <i>not known</i> | Father's Birthplace <i>not known</i> | | |
| Mother's Maiden Name <i>not known</i> | Mother's Birthplace <i>not known</i> | | |
| Name of person giving information <i>George Alexander</i> | How related to deceased <i>Son in law</i> | | |
| CAUSES OF DEATH | | | |
| Primary <i>Sudden death</i> | How long <i>1782</i> | | |
| Immediate <i>Sudden death</i> | How long <i>two days</i> | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Sausbury</i> | | |
| | Address <i>Forestville Md.</i> | | |
| Accident or Suicide? <i>neither</i> | | | |



Name
in
Full

Hora Helbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

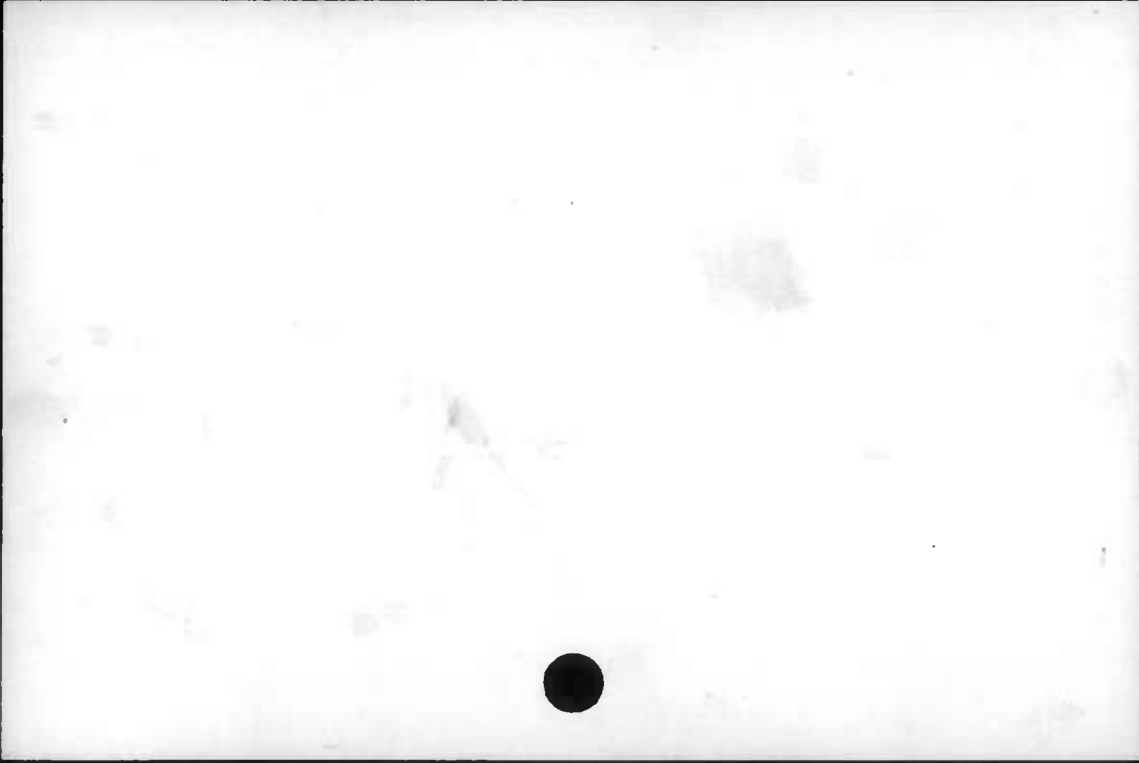
| | | | | | |
|------------------------------------|------|---|------|-------------|----|
| Died at ^{Town} near Largo | | ^{County} P. G. | | MARYLAND | |
| Date of death | 1909 | Month | July | Day | 13 |
| Age | | Years | | Months | |
| Sex | | Color or Race | | Birth-place | |
| Female | | Black | | P. G. Md | |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | Father's Birthplace | | | |
| John Jackson | | P. G. Md | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | |
| Unknown | | Unknown | | | |
| Name of person giving Information | | How related to deceased | | | |
| John Jackson | | Father | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|--|
| Primary | Unknown - | How long | |
| Immediate | Heart and lung trouble | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Dr. Gifford - | |
| | | Address | |
| | | Upper Marlboro Md | |
| Accident or Suicide | | | |



Name
in
Full

Harriet Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

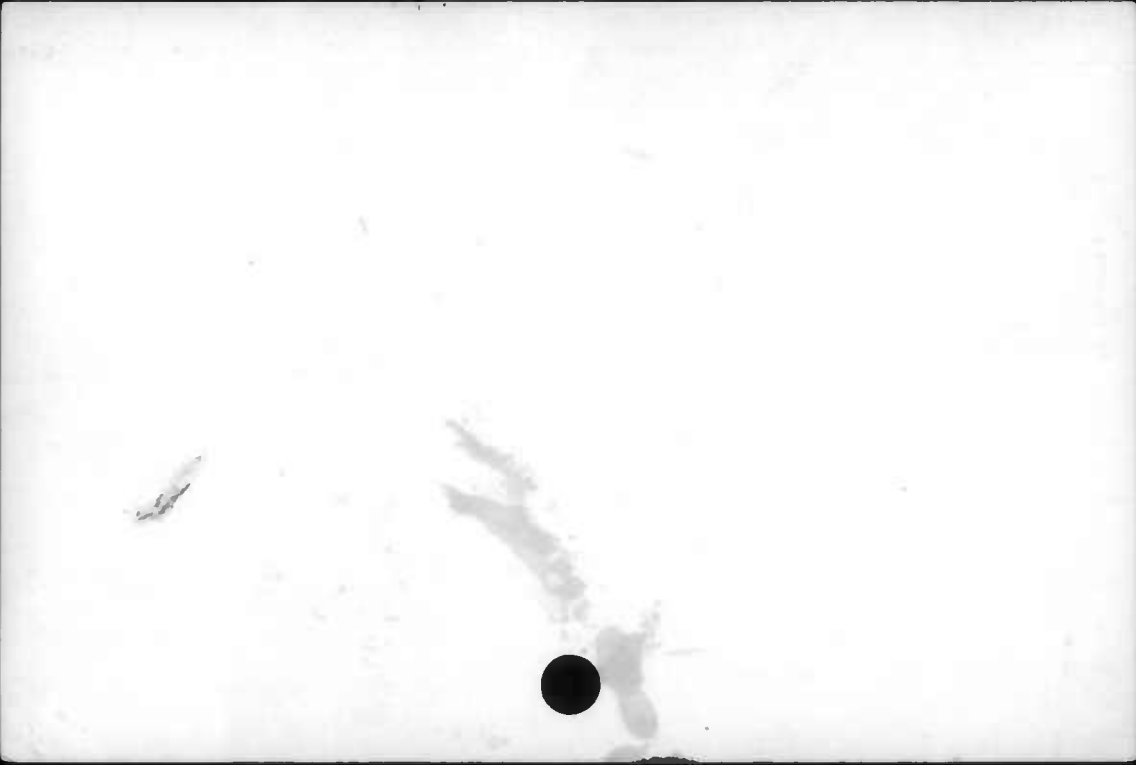
| | | | | | | | |
|--|--|--|--|----------------------------|--|----------|--|
| Died at <i>Camp Springs</i> | | Town <i>P. S. Co.</i> | | County | | MARYLAND | |
| Date of death <i>1909 July 18</i> | | Month | | Day | | Years | |
| Age <i>28</i> | | Months | | Days | | | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Al. Co.</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>John Henry Fletcher</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving Information <i>John Henry Fletcher</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Heart failure</i> | How long <i>Some time</i> |
| Immediate <i>collapse</i> | How long <i>at once</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John L. Sanchez</i> |
| | Address <i>Forestville Md.</i> |
| Accident or Suicide <i>neither</i> | |



Name
in
Full

Mary Helcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oak Grove P. 9. County MARYLAND

Date of death 1909 July 23 Age 31

Sex Female Color or Race Black Birthplace P. Co Md

Occupation Cook Where Residing if not at place of death

Married, Single or Widowed Yes Name of Wife or Husband John Helcher

Father's Name Abram Hursy Father's Birthplace Md

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information John Helcher How related to deceased Husband

CAUSES OF DEATH

27 X

Primary Tuberculosis How long 1 yr

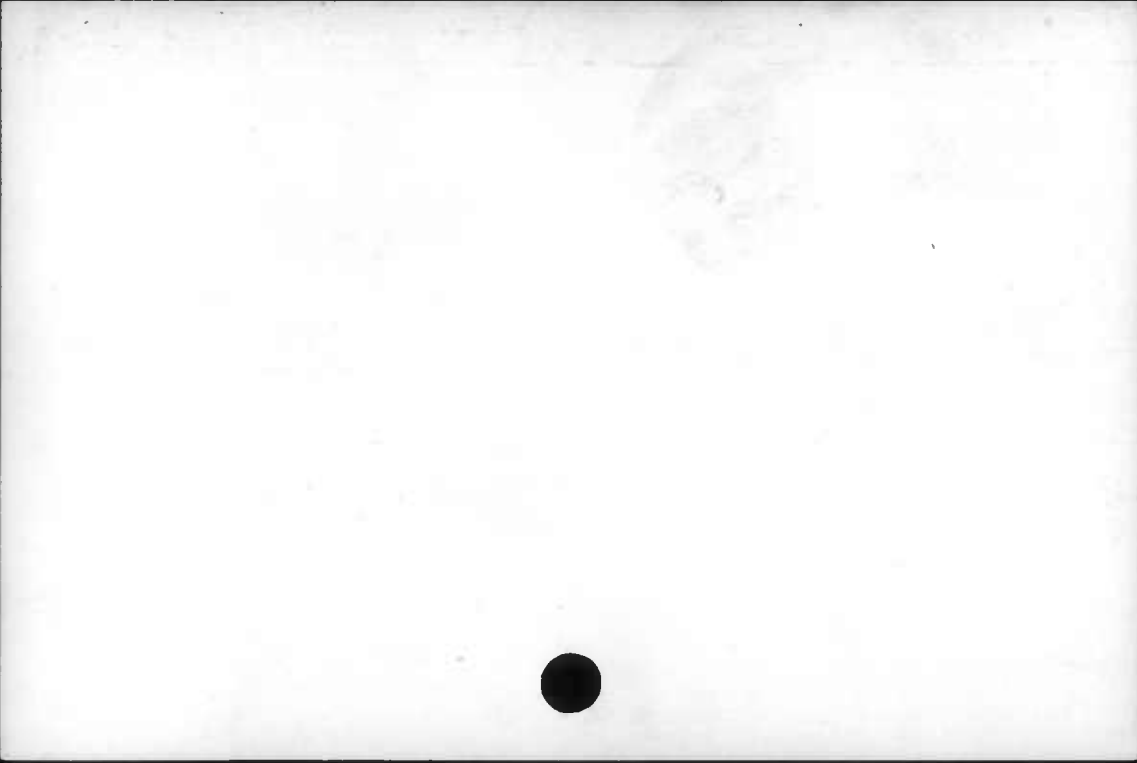
Immediate How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician J. E. Giffith

Address Upper Marlboro.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Bernard W. Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Laurel ^{County} Prince Geo MARYLAND

Date of death 1909 ^{Month} July ^{Day} 1 ^{Age} ^{Years} ^{Months} ^{Days} 7

Sex Male Color or Race White Birth-place Md

Occupation Child Where Residing if not at place of death —

Married, Single or Widowed Child Name of Wife or Husband —

Father's Name Henry A. Hackett Father's Birthplace Md

Mother's Maiden Name Elizabeth Otten Mother's Birthplace Md

Name of person giving Information Eliza Otten How related to deceased Mother

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary Infection of cord How long —

Immediate Tetanus Neonatorum How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. F. Taylor

Address Laurel Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|---|--|---|--|------------------------|--|---------------|--|---------------|--|-------|--|--------|--|------|--|
| Name in Full <i>George Hamilton</i> | | Town <i>Hamletville</i> | | County <i>P. G. Co</i> | | MARYLAND | | | | | | | | | |
| Died at | | Date of death <i>1909</i> | | Month <i>July</i> | | Day <i>11</i> | | Age <i>48</i> | | Years | | Months | | Days | |
| Sex <i>male</i> | | Color or Race <i>colored.</i> | | Birthplace <i>Ind</i> | | | | | | | | | | | |
| Occupation <i>messenger</i> | | Where Residing if not at place of death | | | | | | | | | | | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>unknown</i> | | | | | | | | | | | | | |
| Father's Name <i>unknown.</i> | | Father's Birthplace <i>unknown</i> | | | | | | | | | | | | | |
| Mother's Maiden Name <i>unknown.</i> | | Mother's Birthplace <i>unknown</i> | | | | | | | | | | | | | |
| Name of person giving information | | How related to deceased | | | | | | | | | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Bright's disease</i> | | How long <i>1 1/2 yr</i> | |
| Immediate <i>Chronic poisoning</i> | | How long <i>1 1/2 yr</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>C. H. Smith M.D.</i> | |
| | | Address <i>1127-18th St N.W.</i> | |
| Accident or Suicide? | | <i>Washington D.C.</i> | |



Name
in
Full

Vergie Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|-------------------------------|----------------------------|----------------------------|-------------------------|
| Died at <u>Gowenshond</u> ^{Town} | | <u>P.B.</u> ^{County} | | MARYLAND | |
| Date of death <u>1909</u> | <u>7</u> ^{Month} | <u>13</u> ^{Day} | <u>16</u> ^{Years} | <u>3</u> ^{Months} | <u></u> ^{Days} |
| Sex <u>female</u> | Color or Race <u>Caucasian</u> | Birth-place <u>Mass</u> | | | |
| Occupation <u>none</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>single</u> | Name of Wife or Husband | | | | |
| Father's Name <u>Henry Harley</u> | Father's Birthplace <u>Mass</u> | | | | |
| Mother's Maiden Name <u>Ella Proctor</u> | Mother's Birthplace <u>Ind</u> | | | | |
| Name of person giving information <u>Henry Harley</u> | How related to deceased <u>father</u> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Pulmonary Tuberculosis</u> | How long <u>2 years</u> |
| Immediate <u>Asthma</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>John A. Cor</u> |
| | Address <u>P.B.</u> |
| Accident or Suicide? <u></u> | <u>Mass</u> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

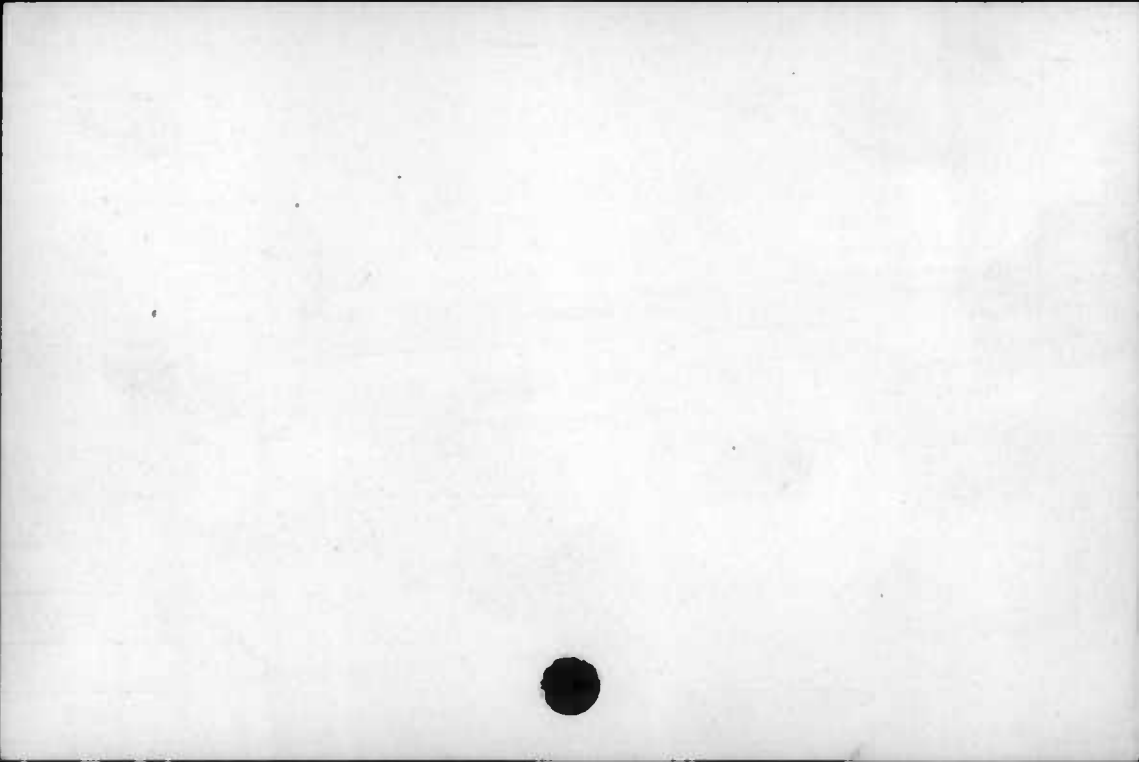
| | | | | | | | |
|--|--|--|--|--------------------------------------|--|-------------------------------------|--|
| Name in Full <i>Catherine Hixen</i> | | Town <i>Hyattsville</i> | | County <i>Pr. Georges</i> | | MARYLAND | |
| Died at <i>Hyattsville</i> | | Date of death 190 <i>9</i> <i>July</i> <i>4</i> <i>th</i> | | Age <i>—</i> Years | | Months <i>3</i> Days <i>4</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Hyattsville Md</i> | | | |
| Occupation <i>Infant</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>John Hixen</i> | | Father's Birthplace <i>Germany</i> | | | | | |
| Mother's Maiden Name <i>Schelle</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>John Hixen</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Invagination of bowel</i> | How long <i>Can not say</i> |
| Immediate <i>Convulsions</i> | How long <i>very few</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Chas. Birdwell M.D.</i> |
| | Address <i>Hyattsville Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Baby Halliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Russell ^{Town} Per Geo ^{County} MARYLAND

Date of death 1909 ^{Month} 5 ^{Day} 4 ^{Years} Age 5 ^{Months} da ^{Days}

Sex male Color or Race white Birth-place Russell

Occupation ✓ Where Residing if not at place of death ✓

Married, Single or Widowed ✓ Name of Wife or Husband ✓

Father's Name Wm Halliday Father's Birthplace Eng.

Mother's Maiden Name Mayburt Mc Dougall Mother's Birthplace Eng.

Name of person giving Information Wm Halliday How related to deceased father

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

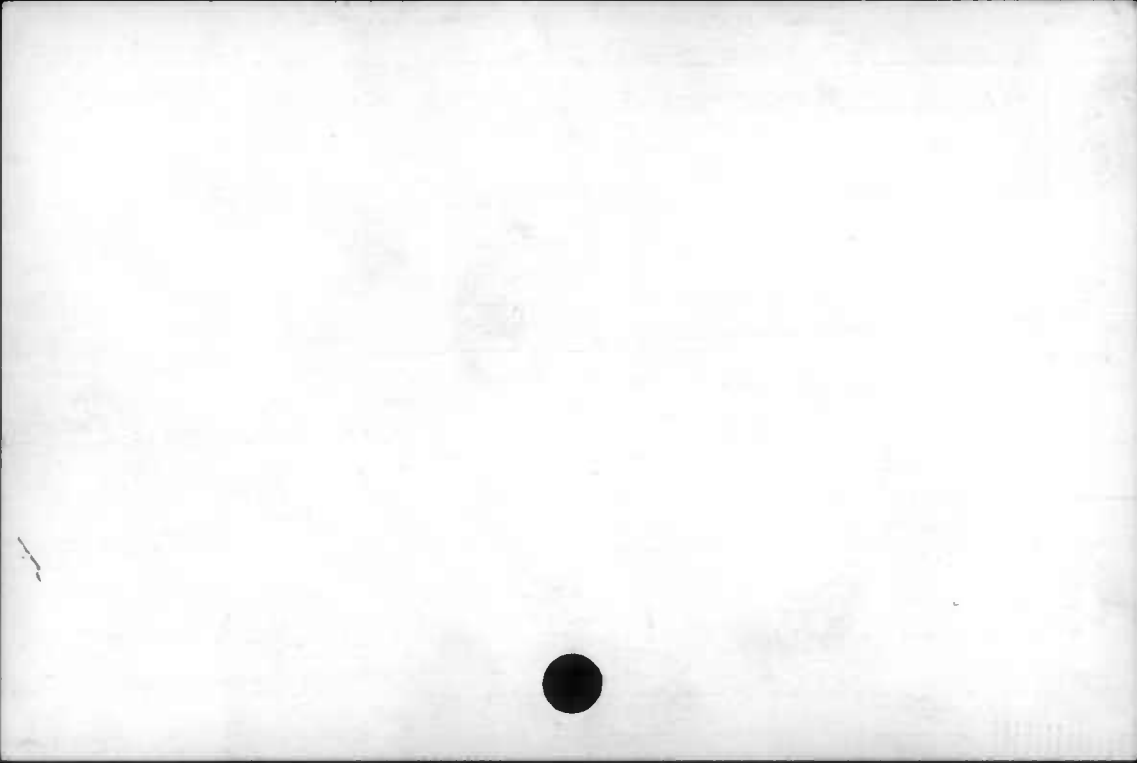
Primary Patent Fracture of ole ^{How long} 2 ^{Conc.}

Immediate as theina ^{How long} 12 hr

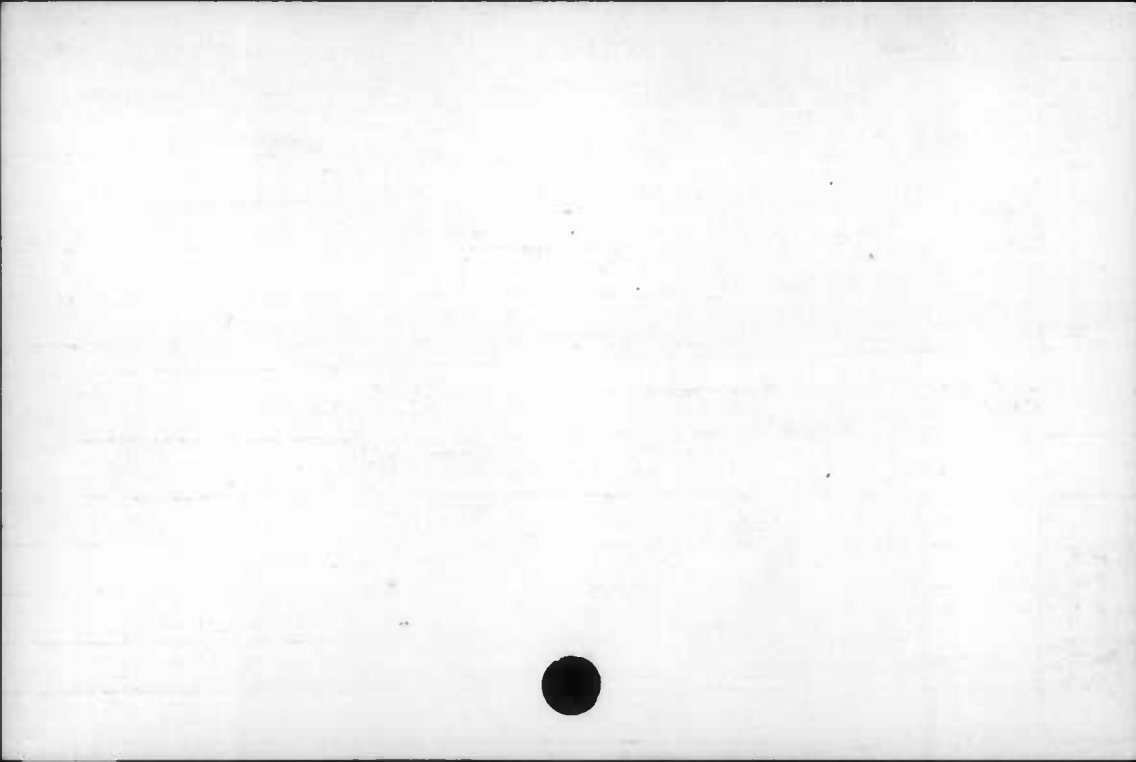
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Thos E Patmer

Address Hyattsville

Accident or Suicide ✓



| | | | | | | | |
|--|-----------------------------------|-----------------|---------------|------------------------|---|----------------------|-----|
| Name in Full | | General Johnson | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Nottingham | | County | Prince George | |
| | Date of death | | 190 | 9 | July | 28 | Age |
| | Sex | | female | | Color or Race | colored | |
| | Occupation | | none | | Birth-place | md | |
| | Married, Single or Widowed | | | | Where Residing if not at place of death | | |
| | Father's Name | | not known | | Father's Birthplace | | |
| PHYSICIAN OR CORONER | Mother's Maiden Name | | Jesse Johnson | | Mother's Birthplace | | |
| | Name of person giving information | | Louis Johnson | | How related to deceased | | |
| | | | | | Grand father | | |
| | | | | | 93 | | |
| | | CAUSES OF DEATH | | | | | |
| Primary | | Pneumonia | | How long | | two weeks | |
| Immediate | | | | How long | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | Ernest W. Garner | |
| | | | | Address | | Act Coroner | |
| | | | | | | Northkeys, md | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E. Kerr*

Town *Slendale* County *P. E. Co.* MARYLAND

Died at *Slendale*

Date of death 190 *9* Month *July* Day *31* Age *57* Years Months *0* Days *5*

Sex *Female* Color or Race *White* Birthplace *Unknown*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Unknown*

Father's Name *Perry Stewart.* Father's Birthplace *Unknown*

Mother's Maiden Name *Rhoda H. Stewart.* Mother's Birthplace *Unknown*

Name of person giving information *Mrs. Gardner* How related to deceased *Slaughter*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Cancer of the Vagina* How long *3 yrs*

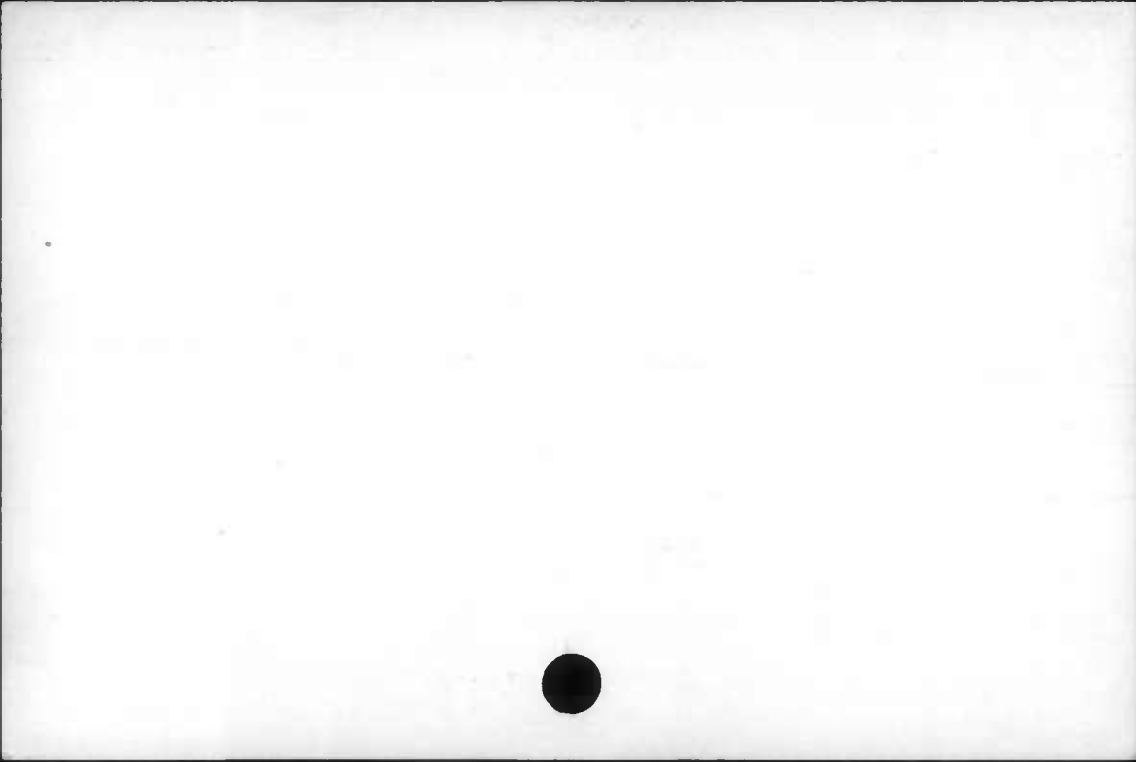
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James B. Smith*

Address *Bonnie P. E. Co. Md.*

Accident or Suicide *Neither*



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

MARYLAND

Died at Camp Springs ^{Town} Al ^{County}

Date _____

of death

1909

Month

Day

Age

Years

Months

Days

Sex 4
Occupation

Sex

Color or Race

Birth-
place

Where Residing if not
at place of death

~~Married, Single~~
~~or Widowed~~

Name of Wife or Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information

How related
to decreased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

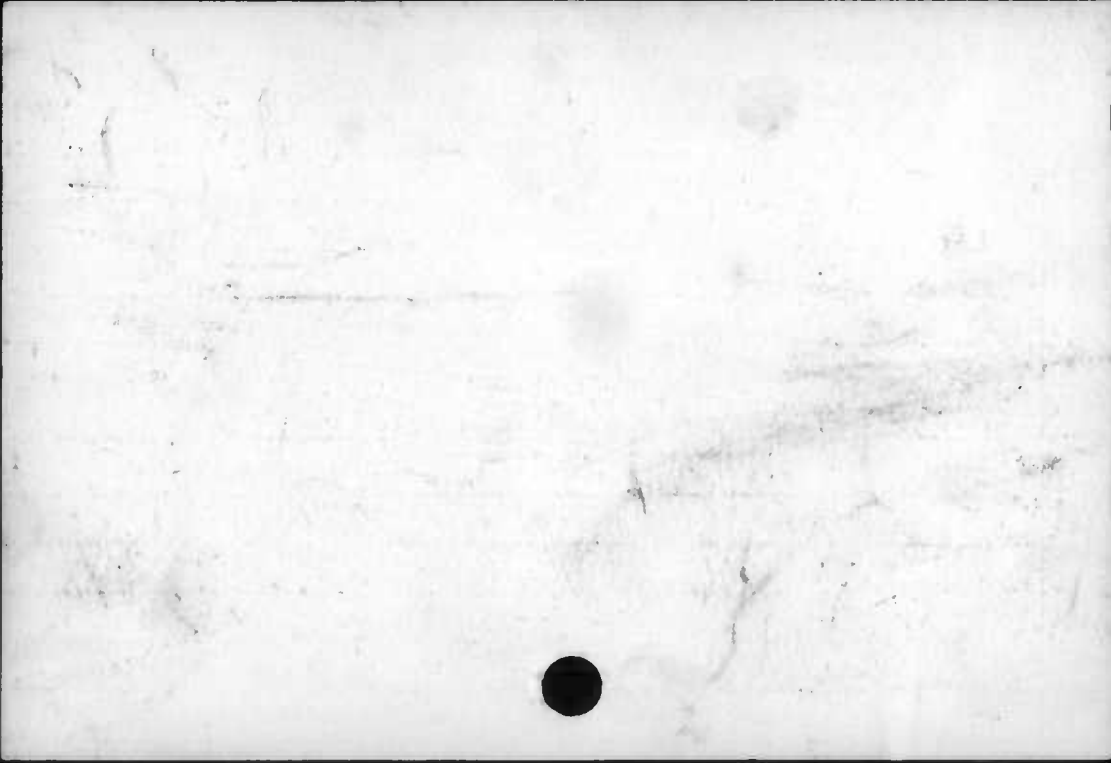
CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|---|--|--------------------------------|--|--|--|
| Name <i>Abraham Salkins Jr</i> | | Town <i>Darwin</i> | | County <i>Prince George</i> | | State <i>MARYLAND</i> | |
| Died at | | Date of death | | Age | | Birth-place | |
| | | <i>1909 July 8</i> | | <i>3</i> | | <i>md.</i> | |
| Sex <i>M</i> | | Color or Race <i>col.</i> | | Occupation _____ | | Where Residing if not at place of death _____ | |
| Married, Single or Widowed _____ | | Name of Wife or Husband _____ | | | | | |
| Father's Name <i>Abraham Salkins</i> | | Father's Birthplace <i>S. C.</i> | | | | | |
| Mother's Maiden Name <i>Emma Weaver</i> | | Mother's Birthplace <i>Pa.</i> | | | | | |
| Name of person giving information <i>Emma Salkins</i> | | How related to deceased <i>brother</i> | | | | | |

CAUSES OF DEATH

61

| | | | |
|--|--|--|-----------------|
| Primary | <i>Cerebro-Spinal Meningitis</i> | How long | <i>2 weeks</i> |
| Immediate | <i>Convulsions & Ex. Poisoning</i> | How long | <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Wm Jones M.D.</i> | |
| Yes | | Address <i>Leadwood 1872</i> | |
| Accident or Suicide? _____ | | | |



Name
in
Full

Mary Elizabeth Lee.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Lake land* ^{County} *Prince Georges* **MARYLAND**

Date of death 190 ^{Month} *9 July* ^{Day} *21st* ^{Years} *Age about 30* ^{Months} *not known* ^{Days}

Sex *Female* Color or Race *Negro* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Samuel L. Lee*

Father's Name *William Brown* Father's Birthplace *Not known*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving Information *Samuel L. Lee* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

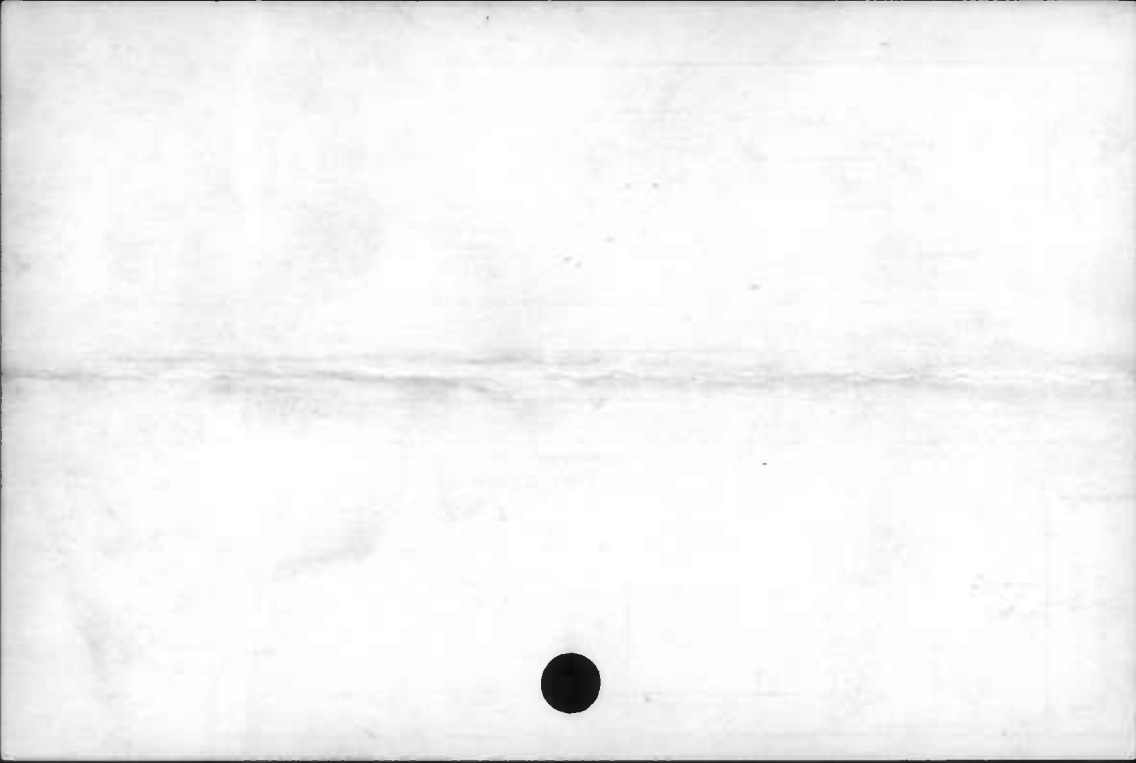
Primary *Tuberculosis* How long *Five months*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *As far as I know*

Signature of Physician *R. B. Johnston M.D.* Address *Wind Ave Hyattsville, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John B. Locker* Town *St. Barnabas* County *Pr. Geo.*

Died at *St. Barnabas* *Pr. Geo.* MARYLAND

Date of death 190 *JUL* 4 1909 Age *5-5* Months *—* Days *—*

Sex *Male* Color or Race *colored* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *—*

~~Married, Single~~ or Widowed Name of Wife or Husband

Father's Name *James Locker* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Berry* Mother's Birthplace *Md.*

Name of person giving Information *Lethia Locker* How related to deceased *Sister*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *2 yrs*

Immediate *Cardiac failure* How long *13 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. P. Simpson M.D.*

Address *Rochester Md.*

Accident or Suicide



Name
in
Full

William Henry Loveless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------|---|--|-------------|------------------|
| Died at <u>Cheltenham</u> ^{Town} | | <u>Prince Georges</u> ^{County} | | MARYLAND | |
| Date of death | 1900 | Month | July | Day | 12 |
| Age | 73 | Years | | Months | unknown |
| Sex | Male | Color or Race | White | Birth-place | Rosaryville, Md. |
| Occupation | Farmer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband <u>Catharine Thomas Loveless</u> | | |
| Father's Name | <u>James Henderson Loveless</u> | | Father's Birthplace <u>Prince Georges, Md.</u> | | |
| Mother's Maiden Name | <u>Sarah Mangum</u> | | Mother's Birthplace <u>Prince Georges, Md.</u> | | |
| Name of person giving Information | <u>Wm. H. Loveless Jr</u> | | How related to deceased <u>Son</u> | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|--|-----------------|
| Primary | <u>Cardiac Dilatation</u> | How long | <u>Unknown</u> |
| Immediate | <u>Bright's Disease</u> | How long | <u>3 months</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>W. H. Loveless</u> | |
| | | Address <u>Room 100</u> | |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

Died at

Date
of death

1909

JUL

28

1909

Age

Years

Months

Days

15 mins

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph F. Lynch

Father's
Birthplace

Md.

Mother's
Maiden Name

Lillian R. Rice

Mother's
Birthplace

"

Name of person giving
Information

Susan R. Rice

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature Birth

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. D. Simpson, M.D.
Rockcroft Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Forestville Md* *P. Escs.*Date of death *1909* *July* *23rd* *Age* *—* *Months* *6* *Days*Sex *Female* Color or Race *Coloured.* Birth-place *Md.*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Wm. McPherson.*Father's Birthplace *Md.*Mother's Maiden Name *Laura Short*Mother's Birthplace *Md.*Name of person giving information *Wm. McPherson*How related to deceased *Father.*

CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *1 wk.*Immediate *Exhaustion* How long

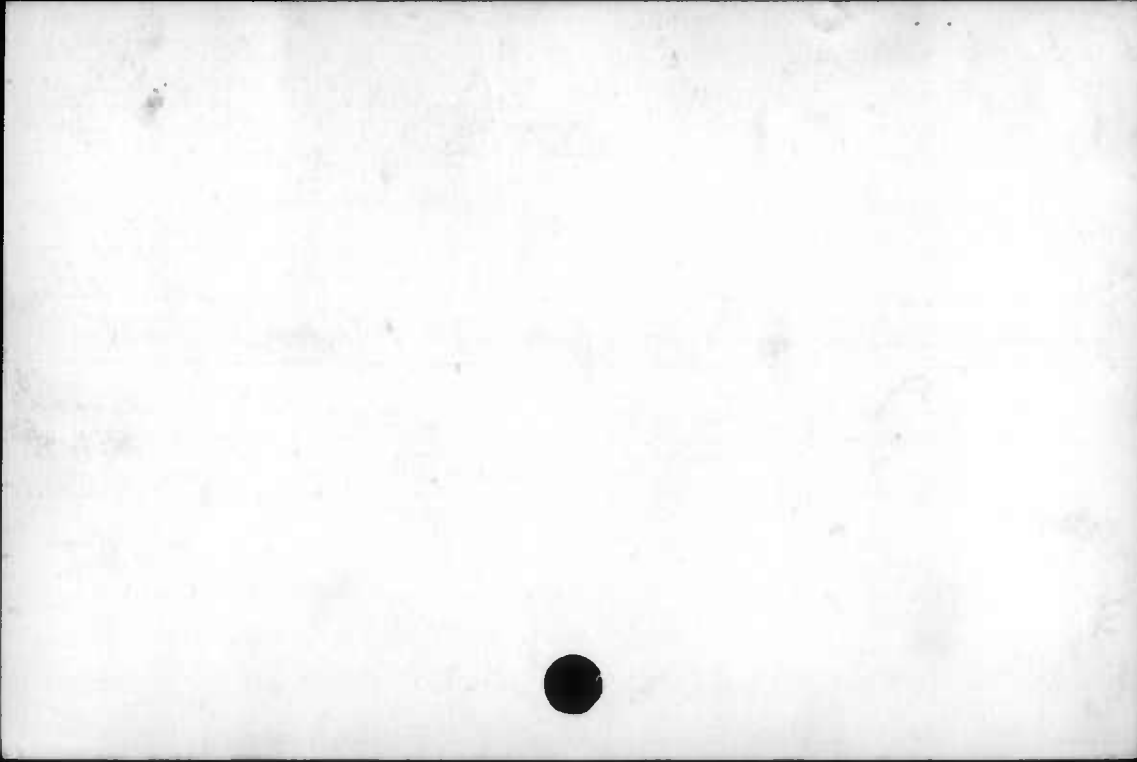
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Clausburg
Forestville
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine B. Mitchell
 Died at *Murkink Pa Geo*
 Date of death *1909 July 17* Age *84*
 Sex *Female* Color or Race *white* Birth-place *MD*
 Occupation *H.W.* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *Thos Mitchell*
 Father's Name *Isaac Danton* Father's Birthplace *MD*
 Mother's Maiden Name *Elizabeth* Mother's Birthplace *MD*
 Name of person giving Information *Frank Mitchell* How related to deceased *Grandson*

CAUSES OF DEATH

Primary *Carcinoma Liver* How long *40* *3 months*
 Immediate *General Debility* How long *1 week*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. R. Smith.*
 Address *Laurel MD*
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Clarence Elwood Muller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Forestville ^{County} Md MARYLAND

Date of death 1909 ^{Month} July ^{Day} 6 Age ^{Years} 4 ^{Months} ^{Days}

Sex male Color or Race Black Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Elijah Muller Father's Birthplace D.C.

Mother's Maiden Name Rachel Nichols Mother's Birthplace Md

Name of person giving Information Elijah Muller How related to deceased Father

CAUSES OF DEATH

100

Primary Stomatitis & How long 10 days

Immediate Deething How long

Are the name, age, sex, color, date and place correctly given above? yes

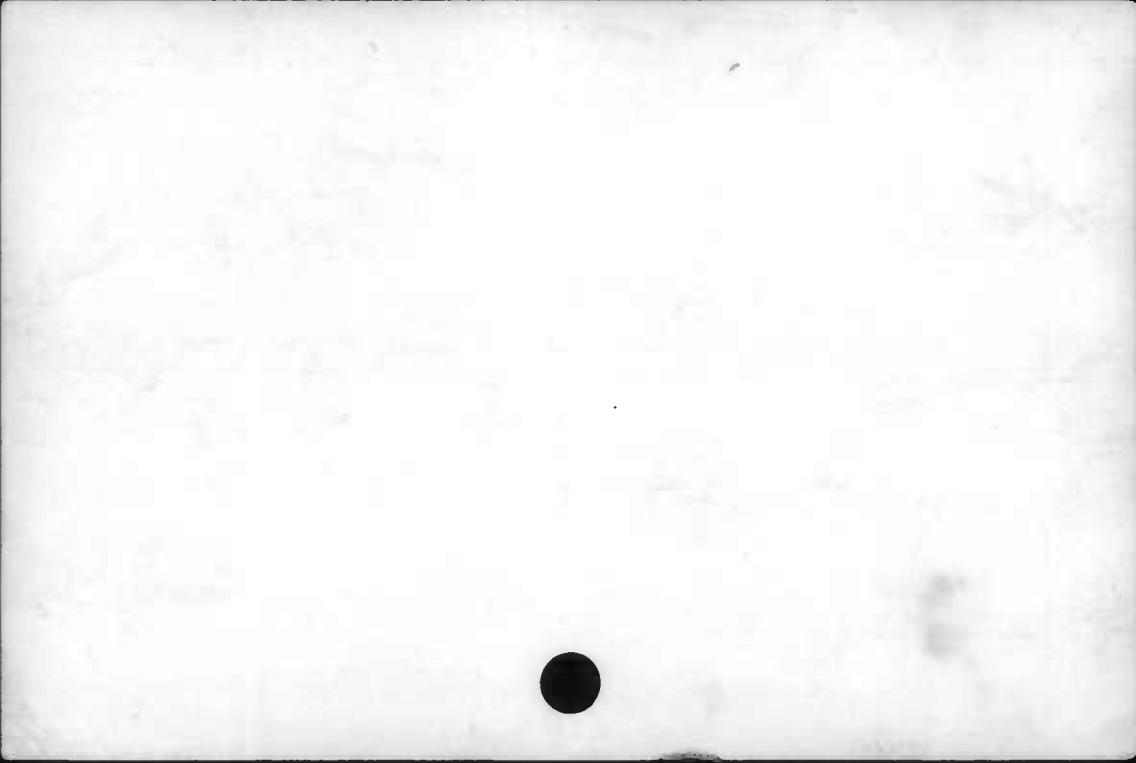
Signature of Physician

Address

John E. Squibb
Forestville,
Md.

Accident or Suicide

neither



Name
in Full

Adella Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lanuel Town Pr. Geo. County
Date of death 190 9 Month July Day 24 Age 11 Years Months Days
Sex Female Color or Race White Birth-place Lanuel
Occupation Child Where Residing if not at place of death Lanuel

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Albert Nichols

Father's Birthplace

Ind

Mother's Maiden Name

Mary Ella Allen

Mother's Birthplace

Pr. Geo. Co.

Name of person giving Information

John B. Allen

How related to deceased

Grand Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

2 wks

Immediate

Are the name, age, sex, color, date and place correctly given above?

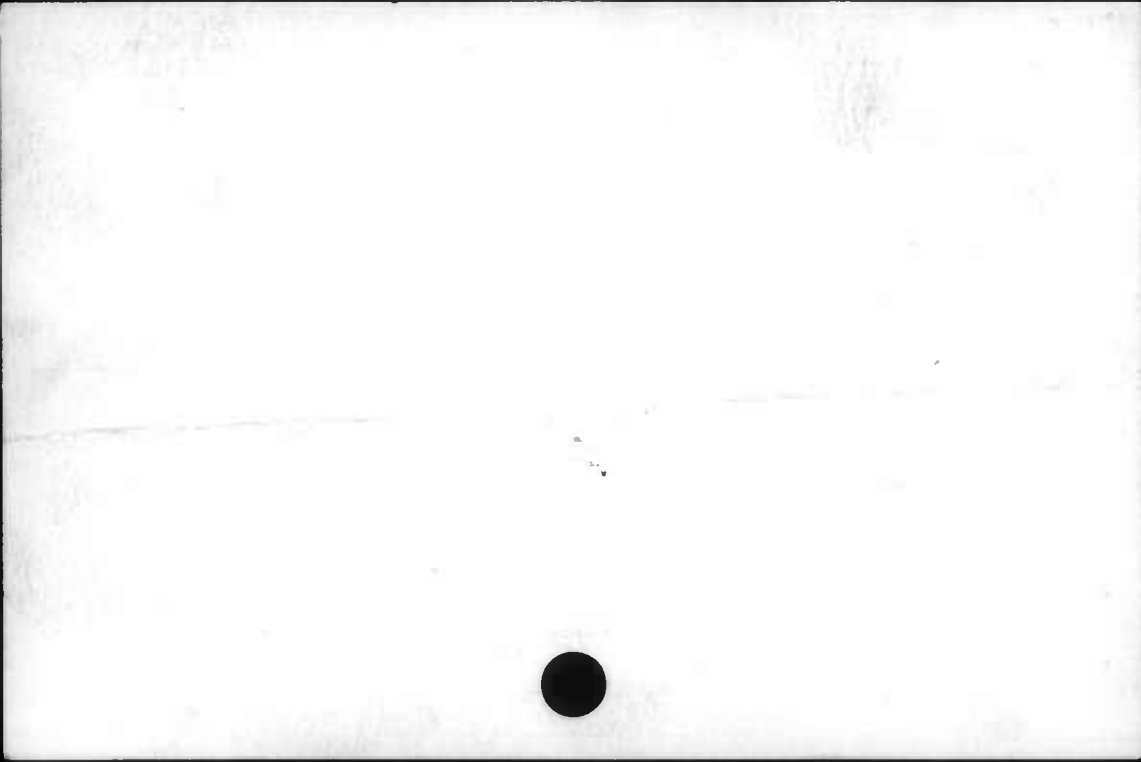
Yes

Signature of Physician

J. R. Hooley
Address Lanuel Ind

Accident or Suicide

No.



Name
in
Full

Nathie C. Perry

CERTIFICATE OF DEATH

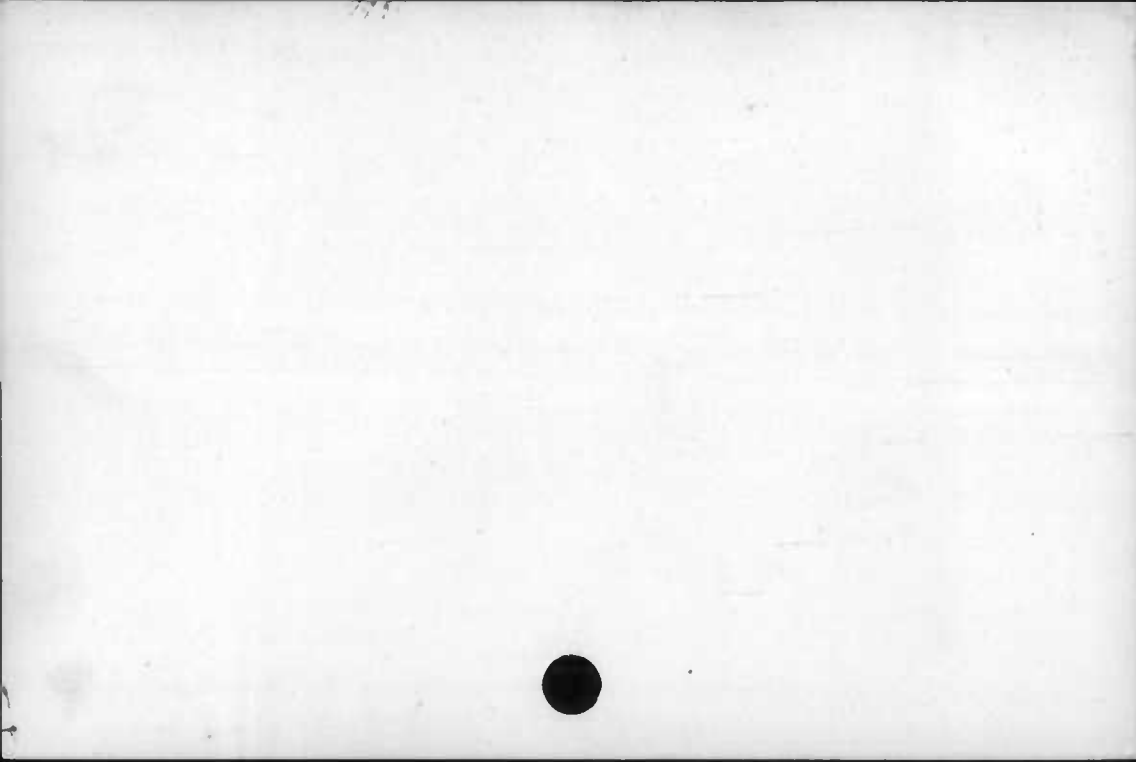
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|-------------------|---|------------------|-------|----------|------|
| Died at <u>Upper Marlboro</u> | | Town <u>P. G.</u> | | County <u>G.</u> | | MARYLAND | |
| Date of death | <u>1909</u> | Month <u>7</u> | Day <u>6</u> | Age <u>14</u> | Years | Months | Days |
| Sex <u>Female</u> | Color or Race <u>Black</u> | | Birth-place <u>P.G. to ind</u> | | | | |
| Occupation | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name <u>Stephen Perry</u> | | | Father's Birthplace <u>P.G. to ind</u> | | | | |
| Mother's Maiden Name <u>Caroline Fletcher</u> | | | Mother's Birthplace <u>P.G. to ind</u> | | | | |
| Name of person giving information <u>Stephen Perry</u> | | | How related to deceased <u>Father</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-------------------|---|
| Primary | <u>Don't know</u> | <div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 179 </div> |
| Immediate | <u>Don't know</u> | |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | How long |
| Signature of Physician <u>R. Enos Smith</u> | | How long |
| Address <u>Sub Registrar</u> | | |
| Accident or Suicide? | | <u>Upper Marlboro</u> |



Name
in
Full

Poocton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--------------------------|----------|---|--------------------|----------|------|
| Died at | | Town Cedarville | | County Pr. Geo | | MARYLAND | |
| Date of death | | Month 9 | Day 7 | Age | Years Born dead | Months | Days |
| Sex female | | Color or Race colored | | Birth-place md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed single | | Name of Wife or Husband | | | | | |
| Father's Name James E. Poocton | | | | Father's Birthplace md | | | |
| Mother's Maiden Name Lilian Poocton | | | | Mother's Birthplace md | | | |
| Name of person giving Information J. E. Poocton | | | | How related to deceased father | | | |

CAUSES OF DEATH

| | |
|---|----------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? yes | |
| Signature of Physician John A. Cog | |
| Address I.B. | |
| Accident or Suicide | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Richardson
Town County

MARYLAND

Died at

Owne

Pr 1900

Date

of death

1909

Month

7

Day

10

Age

Years

1

Months

4

Days

3

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Patrick Richardson

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Douglas

Mother's
Birthplace

Md

Name of person giving
Information

Patrick Richardson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Easptitis

How long

2 weeks

Immediate

Whaustrin

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. M. W. T. D. D. D.

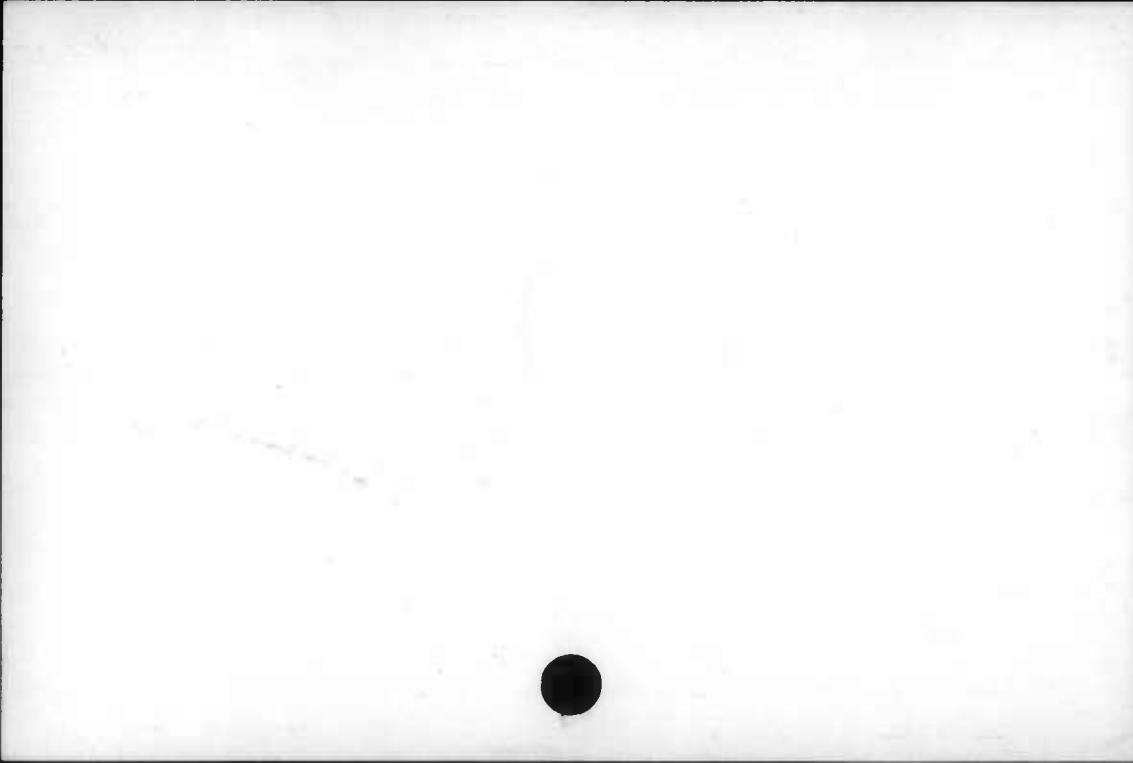
Address

Aguasco Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Schaubauer*

Died at *Near Hyattsville* **Town** *Prince Georges* **County**

Date of death *1909 July 12* **Month** *July* **Day** *12* **Age** *4* **Years** *4* **Months** *4* **Days**

Sex *Male* **Color or Race** *White* **Birth-place** *Hyattsville*

Occupation *Infant* **Where Residing if not at place of death**

Married, Single or Widowed *Single* **Name of Wife or Husband**

Father's Name *Frank Schaubauer* **Father's Birthplace** *Bohemia*

Mother's Maiden Name *Mamie Miller* **Mother's Birthplace** *Bohemia*

Name of person giving information *Frank Schaubauer* **How related to deceased** *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* **How long** *179* *From birth*

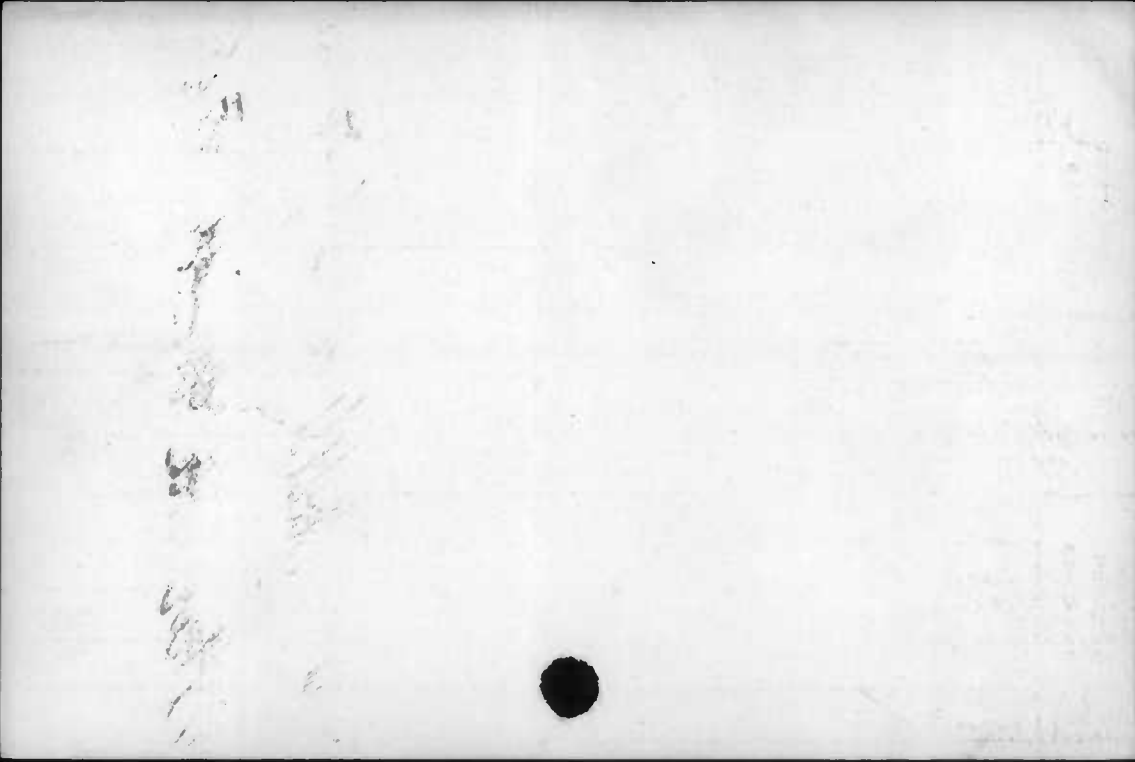
Immediate *Exhaustion* **How long** *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. D. M. D.*

Address *Hyattsville Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

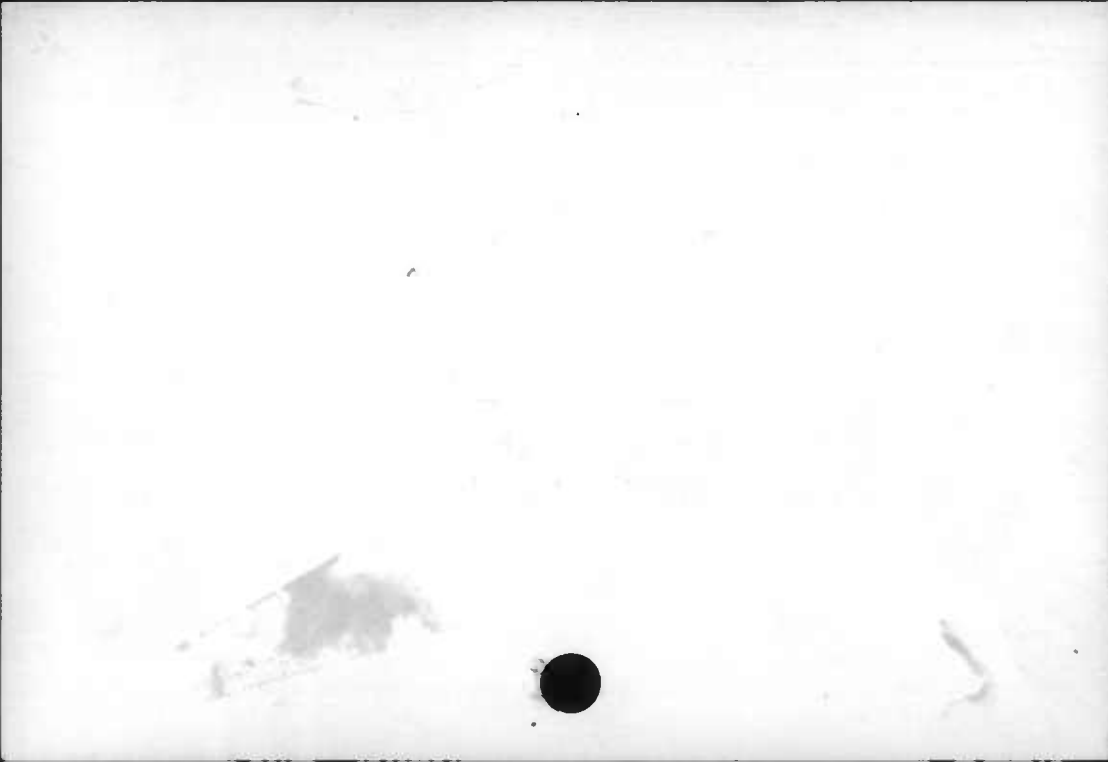
| | | | | | | | |
|-----------------------------------|----------------|---------------|---|--------|-------------------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | July | 24 | Age | 3 hrs | | |
| Sex | Female | Color or Race | white | | Birth-place | md | |
| Occupation | none | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | Richard Seay | | | | Father's Birthplace | Va | |
| Mother's Melden Name | Annie Ferguson | | | | Mother's Birthplace | Va | |
| Name of person giving Information | A. C. Perkins | | | | How related to deceased | none | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|----------------------|----------|--------|
| Primary | Congenital Debility | | How long | 3 hrs. |
| Immediate | " | | How long | " |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| Accident or Suicide | | neither | | |
| Signature of Physician | | John E. Baustey M.D. | | |
| Address | | Forestville Md | | |

151



Name
in
Full

Edwarda Francis Sheal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------|-----------------------------|--|-------------|------------------------|
| Died at <i>Berwyn</i> Town | | <i>Prince George</i> County | | MARYLAND | |
| Date of death | <i>1909</i> Year | <i>July</i> Month | <i>30</i> Day | Age | <i>Six</i> Months |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place | <i>Washington D.C.</i> |
| Occupation <i>-</i> | | | Where Residing at at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name <i>Edwarda F. Sheal</i> | | | Father's Birthplace <i>Mad</i> | | |
| Mother's Maiden Name <i>Elfie A. Yoder</i> | | | Mother's Birthplace <i>Ohio</i> | | |
| Name of person giving information <i>Edward F. Sheal</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|---|-------------------------|
| Primary | <i>From a Fall</i> | How long | <i>about four hours</i> |
| Immediate | <i>Concussion Brain</i> | How long | <i>about four hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>C. A. Fox</i> | |
| <i>Yes</i> | | Address <i>Baltimore Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

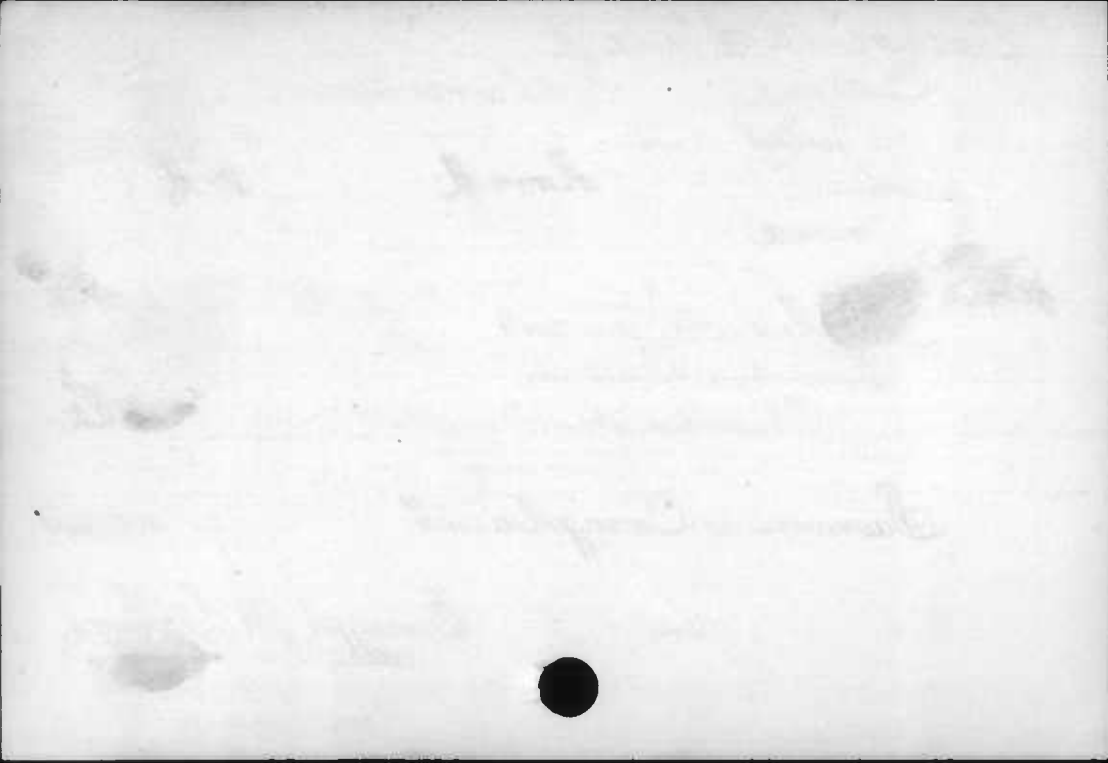
| | | | | | |
|---|---------------------------------------|---|-----|----------|-------------------------------|
| Died at <i>Ritchie</i> Town | | <i>P. O. Co.</i> County | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>July</i> | Day <i>15th</i> | Age | Years | Months <i>6</i> Days <i>5</i> |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | Birth-place <i>md.</i> | | | |
| Occupation <i>none</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Andrew Smith</i> | Father's Birthplace <i>md.</i> | | | | |
| Mother's Maiden Name <i>Sarah Jenkins</i> | Mother's Birthplace <i>md.</i> | | | | |
| Name of person giving information <i>Andrew Smith</i> | How related to deceased <i>father</i> | | | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | | |
|--|---------------------|---|
| Primary | <i>hypertension</i> | How long <i>3 wks</i> |
| Immediate | <i>exhaustion</i> | How long <i>1 wk</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes.</i> | Signature of Physician <i>John C. Sanbury</i> |
| | | Address <i>Trustee Co.</i> |
| Accident or Suicide? | <i>neither</i> | <i>md</i> |



| Name in Full | | Catherine Stewart | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|--------------------|---|----------------|-------------------------|----------------------|--------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Croom | Town | Prince George | County | MARYLAND | |
| | Date of death | 1909 | July | 13 | Age | 9 | Months |
| | Sex | female | Color or Race | colored | Birth-place | md | Days |
| | Occupation | none | Where Residing if not at place of death | | | | |
| | Married, Single or Widowed | | Name of Wife or Husband | | | | |
| PHYSICIAN OR CORONER | Father's Name | Andrew Stewart | | | Father's Birthplace | md. | |
| | Mother's Maiden Name | Emma Clark | | | Mother's Birthplace | md. | |
| | Name of person giving information | Charles H. Burgess | | | How related to deceased | uncle | |
| | CAUSES OF DEATH | | | | 105 | | |
| PHYSICIAN OR CORONER | Primary | Summer Complaint | | | How long | 2 weeks | |
| | Immediate | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | | Signature of Physician | Ernest W. Garner | |
| | | | | | Address | actg Coroner | |
| | Accident or Suicide? | | | Northkeys, md. | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

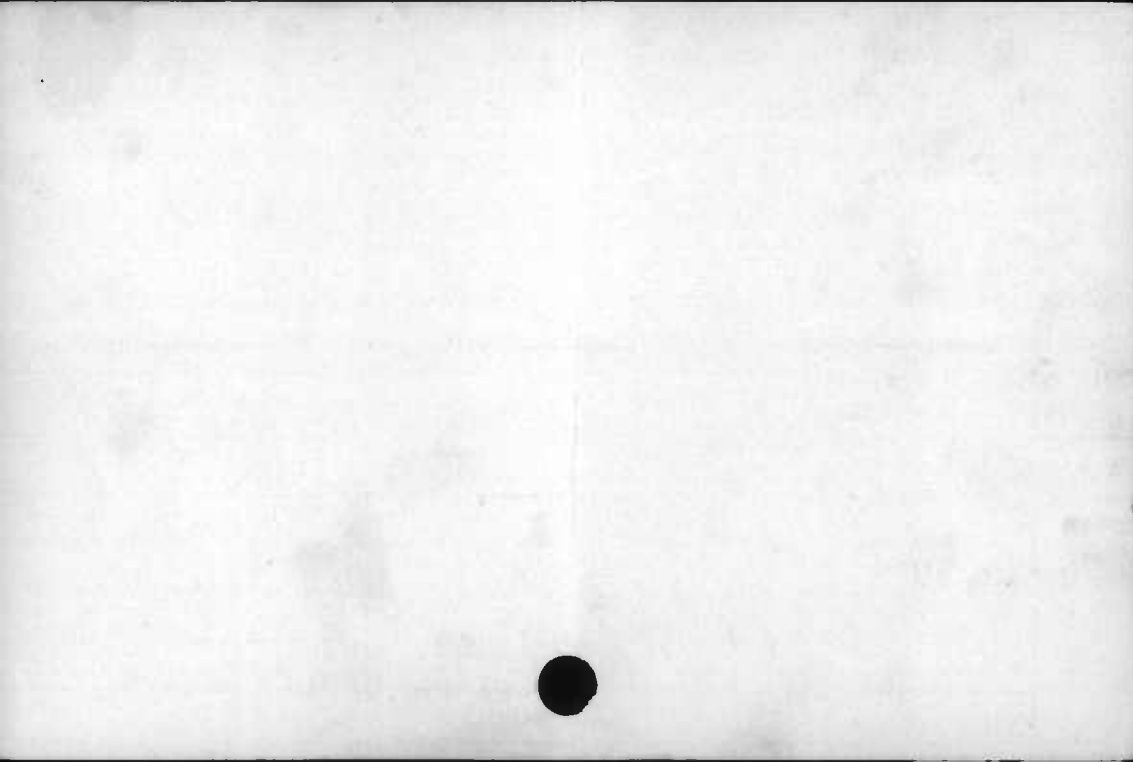
| | | | | | | | |
|-----------------------------------|----------------|-------------------------|---|----------------------------|----------|----------|--|
| Died at <i>Bladensburg</i> | | Town <i>Bladensburg</i> | | County <i>Pr. & W.</i> | | MARYLAND | |
| Date of death | Month | Day | Age | Years | Months | Days | |
| <i>1909</i> | <i>July</i> | <i>24</i> | <i>2</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| Sex | Color or Race | | Birth-place | | | | |
| <i>Male</i> | <i>colored</i> | | <i>Bladensburg</i> | | | | |
| Occupation | | | Where Residing if not at place of death | | | | |
| <i>iron</i> | | | <i>X</i> | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| <i>single</i> | | | <i>none</i> | | | | |
| Father's Name | | | Father's Birthplace | | | | |
| <i>Elkin Strong</i> | | | <i>N. C.</i> | | | | |
| Mother's Maiden Name | | | Mother's Birthplace | | | | |
| <i>Oliver Wilson</i> | | | <i>Ind.</i> | | | | |
| Name of person giving information | | | How related to deceased | | | | |
| <i>Annie Wilson</i> | | | <i>Sister</i> | | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|----------------|
| Primary | <i>Premature birth</i> | How long | <i>one day</i> |
| Immediate | <i>" "</i> | How long | <i>" "</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>H. A. Willis</i> | |
| | | Address | |
| | | <i>Hypertension</i> | |
| Accident or Suicide? | | | |
| <i>Ind.</i> | | <i>Ind.</i> | |



Name
in
Full

Ernest Stuart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|---------------------------------------|---|--------------|----------------|
| Died at <u>Terrence</u> Town | | <u>D. C.</u> County | | MARYLAND | |
| Date of death <u>1909 July</u> | | Month <u>July</u> | Day <u>17</u> | Age <u>5</u> | Years <u>5</u> |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | Birthplace <u>Ind</u> | | | |
| Occupation <u>Name</u> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>Name</u> | | | |
| Father's Name <u>William Stuart</u> | | Father's Birthplace <u>Ind</u> | | | |
| Mother's Maiden Name <u>Mary E. Cook</u> | | Mother's Birthplace <u>Ind</u> | | | |
| Name of person giving Information <u>William Stuart</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

| | | |
|---|---------------------|---|
| Primary | <u>Tuberculosis</u> | How long <u>4 months</u> |
| Immediate | <u>As above</u> | How long <u>1 week</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | Signature of Physician <u>W. H. Gibbons</u> |
| | | Address <u>Croom Ind</u> |
| Accident or Suicide <u></u> | | |

PHYSICIAN
OR CORONER



Name
in
Full

Geo Stubb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

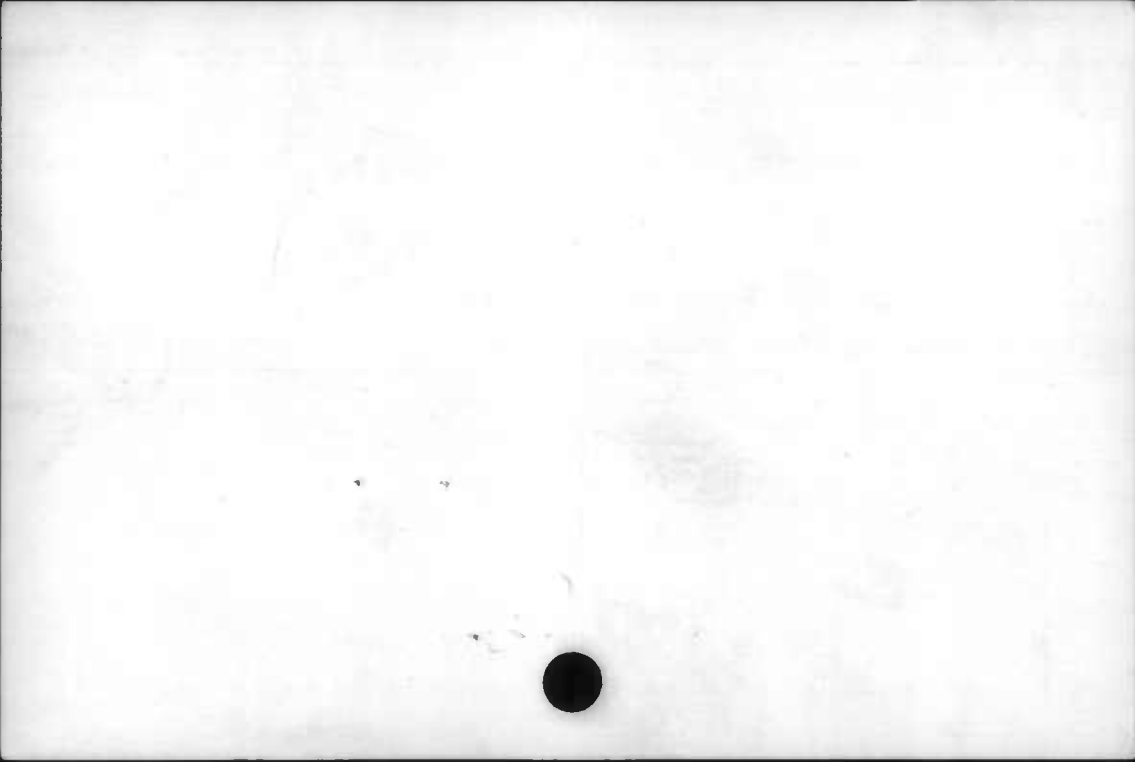
| | | | | | |
|---|--|---|--|---|--|
| Died at <u>Bloomington</u> ^{Town} | | <u>Page</u> ^{County} | | MARYLAND | |
| Date of death 1909 <u>7</u> ^{Month} | | <u>14</u> ^{Day} | | Age <u>5</u> ^{Years} <u>months</u> ^{Months} <u></u> ^{Days} | |
| Sex <u>male</u> | | Color or Race <u>caucasian</u> | | Birth-place <u>DC</u> | |
| Occupation <u></u> | | Where Residing if not at place of death <u></u> | | | |
| Married, Single or Widowed <u></u> | | Name of Wife or Husband <u></u> | | | |
| Father's Name <u>Chris Stubb</u> | | Father's Birthplace <u>md</u> | | | |
| Mother's Maiden Name <u>Ella Hankin</u> | | Mother's Birthplace <u>md</u> | | | |
| Name of person giving Information <u>mother</u> | | How related to deceased <u></u> | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------|--|---------------|
| Primary | <u>Illio Coliti</u> | How long | <u>1 week</u> |
| Immediate | <u>Acuteia Cardio</u> | How long | <u>1 day</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>Shos E. Patton</u> | |
| | | Address <u>Wagonville</u> | |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Joseph & Louisa Talton

Died at Rosecroft ^{Town} P.B. ^{County}
 Date of death 1909 ^{Month} 7 ^{Day} 24 Age — ^{Years} — ^{Months} — ^{Days} Still born
 Sex male Color or Race colored Birth-place Md.
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name

Joseph T. Talton

Father's Birthplace

Md.

Mother's Maiden Name

Louisa Simmons

Mother's Birthplace

Md.

Name of person giving Information

Joseph. Talton

How related to deceased

Father

CAUSES OF DEATH

Primary

Prolonged Labor

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

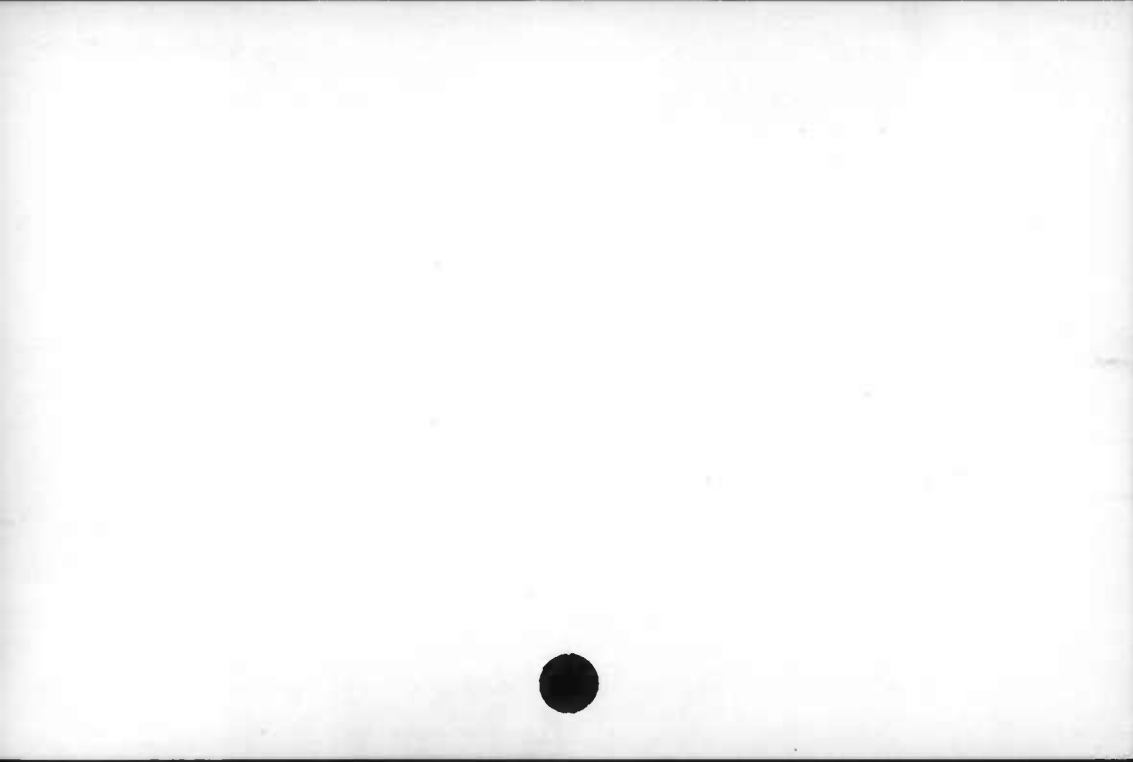
Signature of Physician

E. P. Simpson

Address

Rosecroft Md.

Accident or Suicide



Name
in
Full

Howard Thomas
Town Sta County

CERTIFICATE OF DEATH

Died at Cram Sta Or Geo MARYLAND

Date of death 1904 July 20 Age 13 Months Days

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Arthur Thomas Father's Birthplace Md

Mother's Maiden Name Lessie Winsor Mother's Birthplace Md

Name of person giving Information James Millard How related to deceased None

CAUSES OF DEATH

105

Primary Illia Colecitis How long Days Known

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

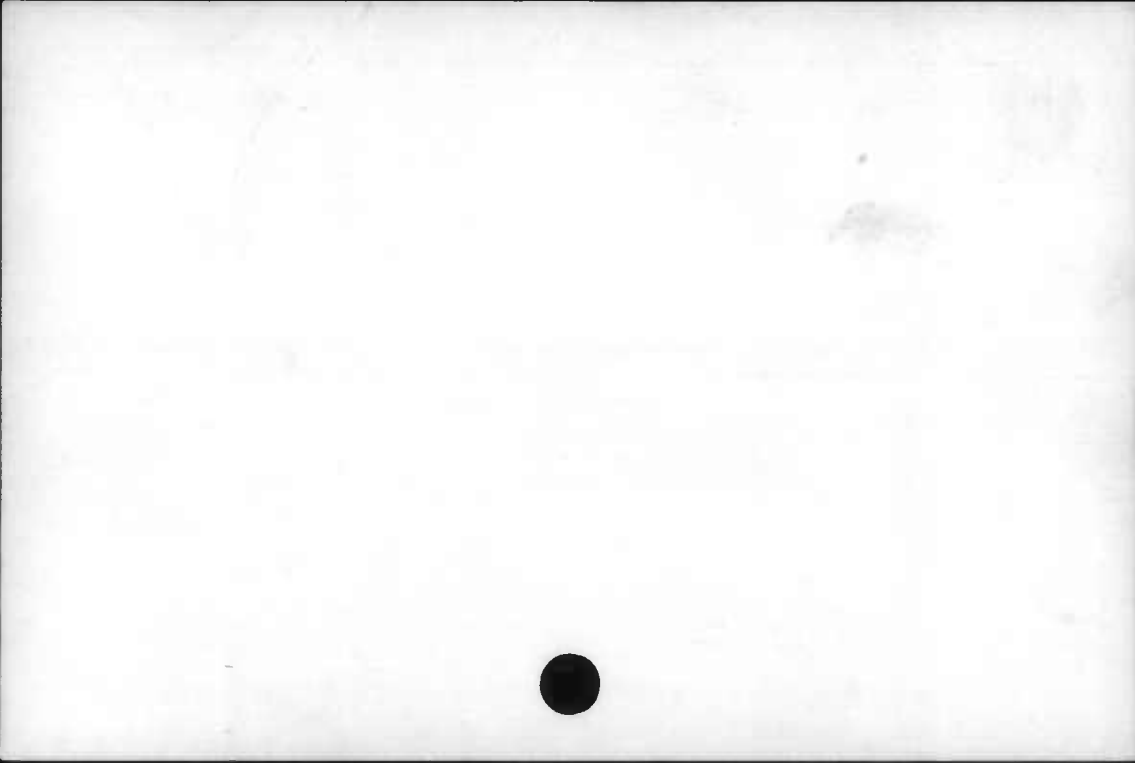
Signature of Physician W. H. Gibbons

Address Cram Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|----------------------------|--|--|--|--------------|--|
| Died at <i>Upper Marlboro</i> | | Town <i>Tolson</i> | | County <i>Pr. Geo</i> | | MARYLAND | |
| Date of death <i>1909 July</i> | | Month <i>13</i> | | Day <i>13</i> | | Age <i>1</i> | |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birth-place <i>Upper Marlboro</i> | | | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>—</i> | | | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Wm H Tolson</i> | | | | Father's Birthplace <i>P. D. Md</i> | | | |
| Mother's Maiden Name <i>Dyer</i> | | | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving Information <i>Wm H Tolson</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Unknown</i> | | How long <i>179</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Dr. Giffert</i> | |
| | | Address <i>Upper Marlboro Md</i> | |
| Accident or Suicide | | | |



Name
in
Full

Wm. Judge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

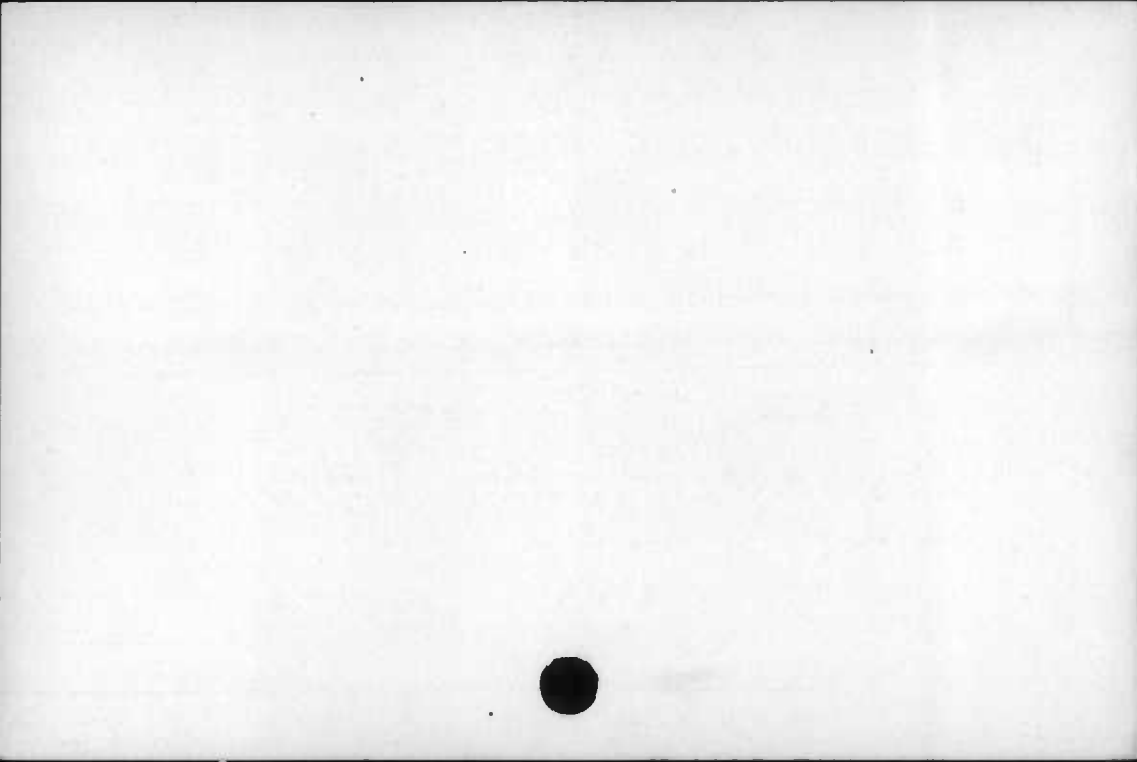
| | | | | | |
|---|--|------------------------|---|----------|------|
| Died at <i>Windsor</i> | | County <i>D. Calo.</i> | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>July</i> | Day <i>27</i> | Age <i>81</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>W.</i> | | Birth-place <i>Eng.</i> | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Unknown</i> | | | | |
| Father's Name <i>Unknown</i> | | | Father's Birthplace <i>Unknown</i> | | |
| Mother's Maiden Name <i>"</i> | | | Mother's Birthplace <i>"</i> | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Arteriosclerosis of liver.</i> | How long <i>3 yrs.</i> |
| Immediate <i>Simultaneous exhaustion</i> | How long <i>5 wks.</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. P. Mudd.</i> |
| | Address <i>Anastasia St.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

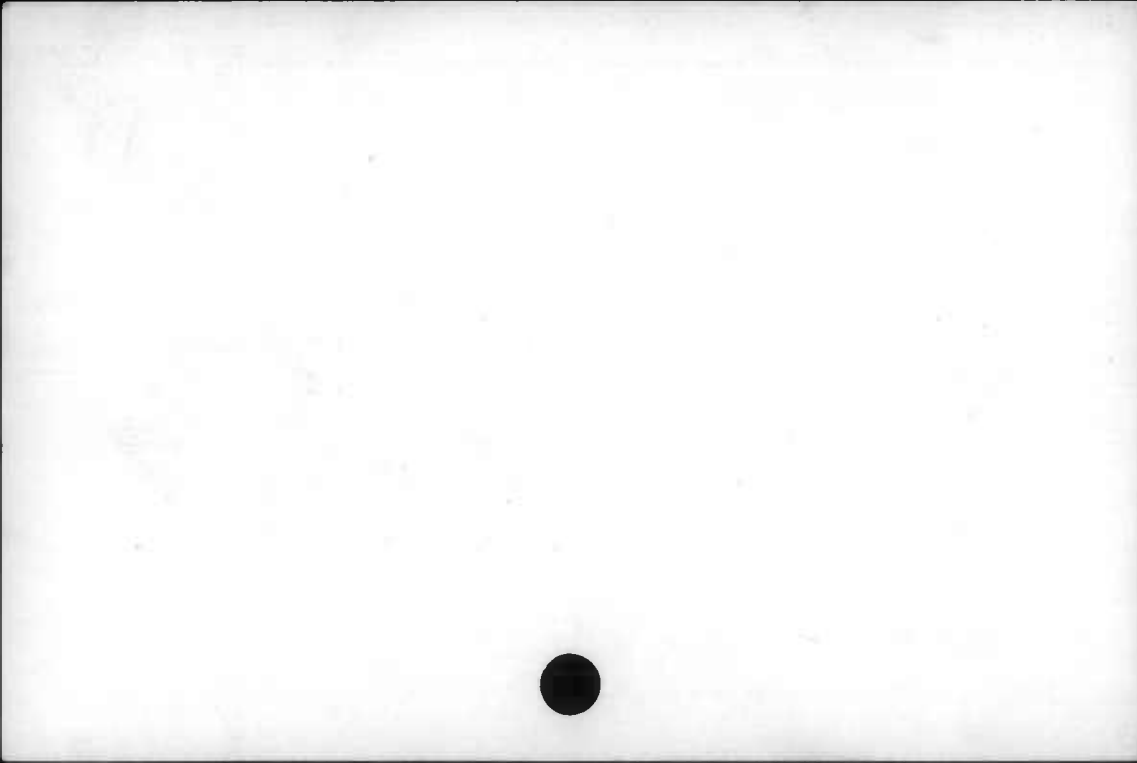
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|---|--|-----------------------------------|--|
| Name in Full <i>Eliza Mary Turner</i> | | Town <i>Aquasco</i> | | County <i>Pr. Geo's</i> | | MARYLAND | |
| Died at <i>Aquasco</i> | | Month <i>July</i> | | Day <i>14</i> | | Years <i>57</i> | |
| Date of death <i>1909</i> | | Month <i>July</i> | | Day <i>14</i> | | Years <i>57</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | Months <i>4</i> | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>-</i> | | Days <i>18</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Husband <i>Charles Middleton Turner</i> | | Father's Birthplace <i>Ind</i> | | Mother's Birthplace <i>Ind</i> | |
| Father's Name <i>Arthur Paul Burns</i> | | Mother's Maiden Name <i>Louise Rutter</i> | | How related to deceased <i>Sister-in-law</i> | | | |
| Name of person giving Information <i>L. Carrie Turner</i> | | | | | | | |

CAUSES OF DEATH

| | |
|--|---|
| Primary <i>Chronic Organic Heart disease</i> | How long <i>2 1/2 yrs</i> |
| Immediate <i>Exhaustion</i> | How long <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. Manton Bodden</i> |
| Address <i>Aquasco</i> | |
| Accident or Suicide <i>No</i> | <i>Ind</i> |

PHYSICIAN
OR CORONER



Name
in
Full

Rufus H. Vincent

CERTIFICATE OF DEATH

Died at Hyattsville

Town

Pa. Geo

County

MARYLAND

Date

of death

1909

Month

July

Day

2

Years

Age

41

Months

Days

Sex

Male

Color or
Race

White American

Birth-
place

Del.

Occupation

Singer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rosetta Vincent

Father's
Name

James H Vincent

Father's
Birthplace

Del.

Mother's
Maiden Name

Mary Willie

Mother's
Birthplace

Del.

Name of person giving
Information

Rosetta Vincent

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Tuberculosis of Intestines

How long

29

18 mo

Immediate

Cardiac Asthenia

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Samuel Trimmer MD

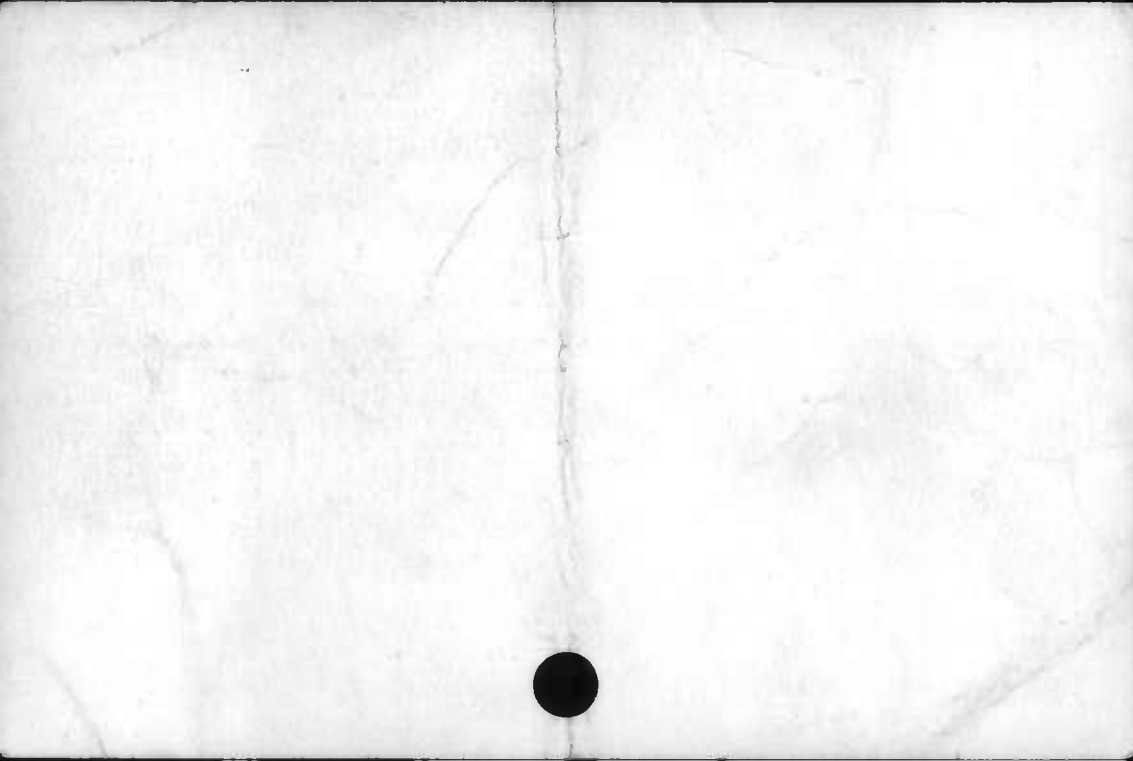
Address

Hyattsville
md

Accident or Suicide

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John E Weems* *Pr Geo* CountyDate of death *1909* *July* *20* *25* YearsSex *Male* Color or Race *Colored*Occupation *Farming* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *John C Weems*Father's Birthplace *Ind*Mother's Maiden Name *Rebecca Swain*Mother's Birthplace *Ind*Name of person giving Information *John C Weems*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *Don't Know*Immediate *Don't Know*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Ed. H. Gibbons*Address *6 room ind*

Accident or Suicide



Name
in
Full

Ernest Roy Willes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Tottenham* ^{Town} *Prince George* ^{County} **MARYLAND**

Date of death **1909** ^{Month} *July* ^{Day} *27* ^{Years} *Age* *2* ^{Months} *2* ^{Days} *20*

Sex *male* Color or Race *colored* Birth-place *Ind*

Occupation *none* Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Porter Willes* Father's Birthplace *Ind*

Mother's Maiden Name *Clara Ann Ford* Mother's Birthplace *Ind*

Name of person giving information *Porter Willes* How related to deceased *father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Summer Complaint* How long *two months*

Immediate _____ How long _____

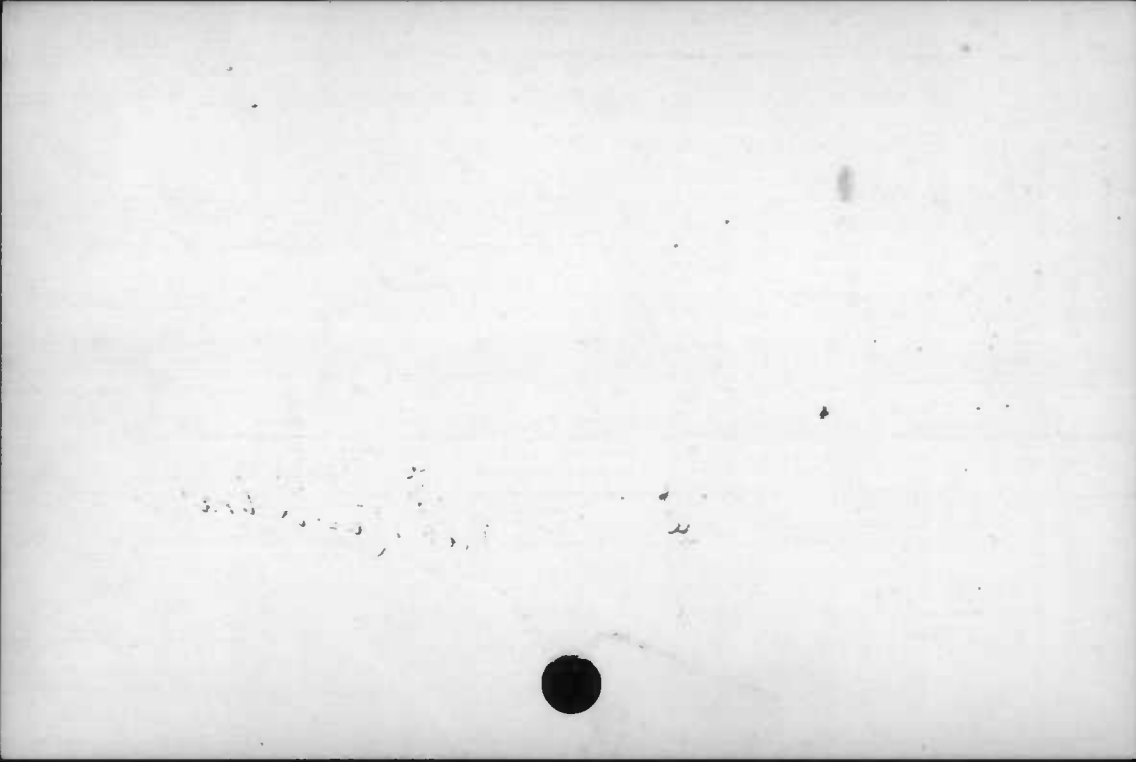
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ernest M. Games*

Address *Act Coroner*

Yorkshire Ind

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Emaline Williams*
 Died at *Lanue* Town *P. Geo* County

Date of death *1909* Month *July* Day *22* Age *17* Years Months *"* Days *"*

Sex *Female* Color or Race *Blk* Birth-place *Ma*

Occupation *—* Where Residing if not at place of death *Lanue Ma*

Married, Single or Widowed *Yes* Name of Wife or Husband *None*

Father's Name *William Williams* Father's Birthplace *Ma*

Mother's Maiden Name *Engenia Gordon* Mother's Birthplace *Ma*

Name of person giving information *Willie Williams* How related to deceased *Nephew*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *6 yrs*

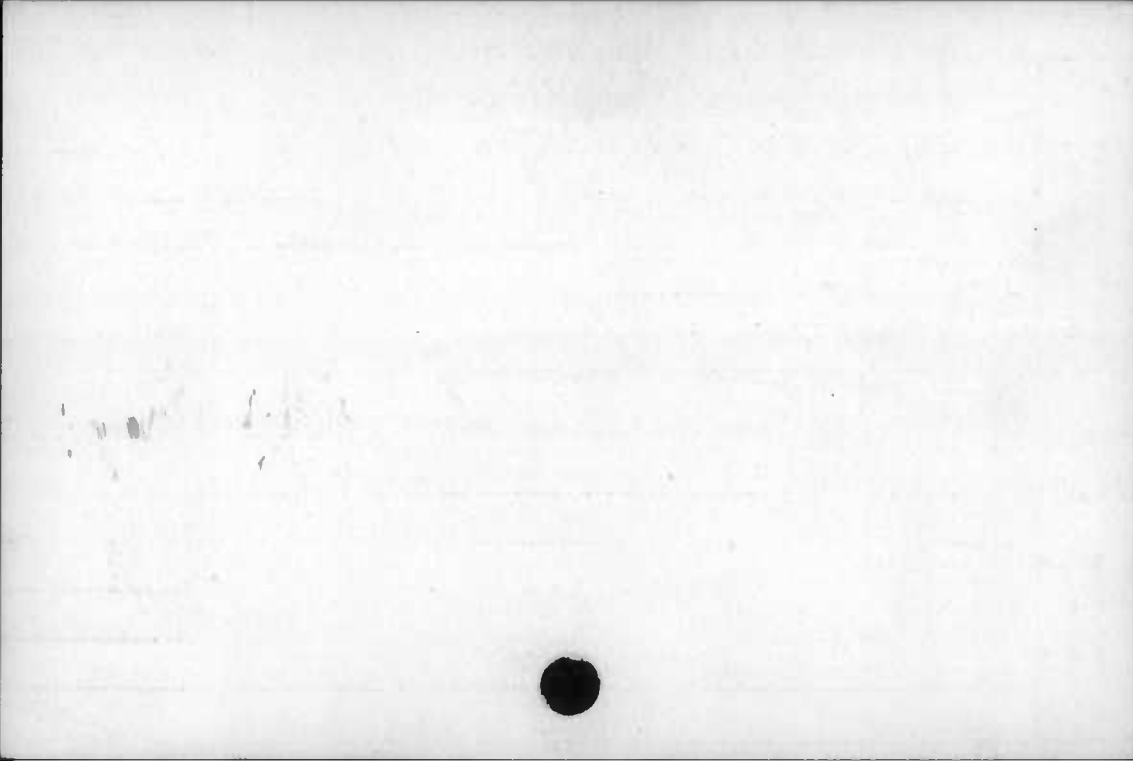
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Taylor*

Address *Lanue Md*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

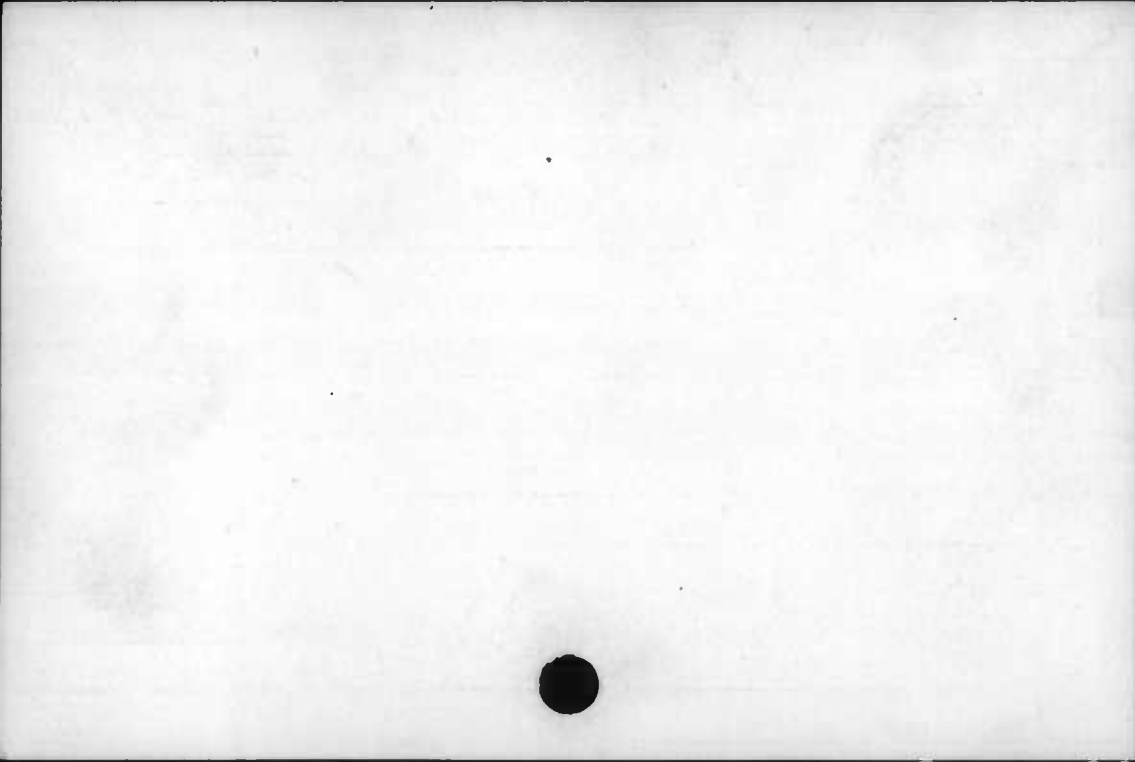
| | | | | | |
|-----------------------------------|--------------------|---|-------|-------------------------|----------|
| Josephine Wilson | | P. Geo | | Maryland | |
| Died at <i>New Lamm</i> | | County | | | |
| Date of death | 1909 | Month | July | Day | 13th |
| Age | | 84 | | Months | |
| Sex | Female | Color or Race | White | Birth-place | Virginia |
| Occupation | Retiree | Where Residing if not at place of death | | <i>New Lamm</i> | |
| Married, Single or Widowed | Yes | Name of Wife or Husband | | | |
| Father's Name | Hamellin Wilson | | | Father's Birthplace | Vic |
| Mother's Maiden Name | Margaret Armstrong | | | Mother's Birthplace | La |
| Name of person giving information | John H. Wilson | | | How related to deceased | Son |

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

| | | | |
|--|------------------------|------------------------|----------------------|
| Primary | <i>Cardiac trouble</i> | How long | <i>79</i> |
| Immediate | | How long | <i>Breasts</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>T. B. Drayley</i> |
| | <i>No</i> | Address | <i>Laurel Md</i> |
| Accident or Suicide? | | | |

PHYSICIAN
OR CORONER



| | | | | | | | |
|--------------------------------------|--|---|--|--|--|-----------------------|--|
| Name in Full | | John Windsor | | | | CERTIFICATE OF DEATH | |
| TO BE FILLED BY NEAREST FRIEND | | Died at <i>Pittsburg</i> Town | | <i>P. Glo.</i> County | | MARYLAND | |
| | | Date of death <i>1909 July</i> Month | | <i>13</i> Day | | <i>6</i> Months | |
| | | <i>male</i> Sex | | <i>white</i> Color or Race | | <i>md</i> Birth-place | |
| | | <i>none</i> Occupation | | Where Residing if not at place of death | | | |
| | | <i>single</i> Married, Single or Widowed | | Name of Wife or Husband | | | |
| TO BE FILLED BY PHYSICIAN OR CORONER | | Father's Name <i>Albert E Windsor</i> | | Father's Birthplace <i>md</i> | | | |
| | | Mother's Maiden Name <i>Mary Tucker</i> | | Mother's Birthplace <i>md</i> | | | |
| | | Name of person giving information <i>Albert E Windsor</i> | | How related to deceased <i>Father</i> | | | |
| | | | | | | | |
| | | CAUSES OF DEATH | | <i>179</i> | | | |
| TO BE FILLED BY PHYSICIAN OR CORONER | | Primary <i>Marasmus</i> | | How long <i>2 mos</i> | | | |
| | | Immediate <i>Colloidal</i> | | How long <i>24 hrs</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>John E. Sandberg</i> | | | |
| | | | | Address <i>Forestville Md</i> | | | |
| | | Accident or Suicide? <i>neither</i> | | | | | |

Leeward Hutcheon
Frontier

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mamie May Windsor

CERTIFICATE OF DEATH

MARYLAND

Died at Ritchie Town P. Esco. County

Date of death 1909 July 21st Age 6 Months Days

Sex Female Color or Race White Birth-place

Occupation None Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Albert E. Windsor Father's Birthplace Md.

Mother's Maiden Name Mary Lucker Mother's Birthplace Md.

Name of person giving information Albert E. Lucker How related to deceased Father

CAUSES OF DEATH

179

Primary Marmasmus How long Some time

Immediate Collapse How long 2 wks.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John E. Samsbury

Address Foristville Md.

Accident or Suicide? Neither

Forestville.
Eliph Littleford

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|--|----------------|--|---|--|---------|--|-------------|--|
| John Minson | | Town | | Pr Geo | | County | | MARYLAND | |
| Died at | | Croom | | Pr Geo | | | | | |
| Date of death | | 1909 July | | 18 | | Age | | 21 | |
| Sex | | Male | | Color or Race | | Colored | | Birth place | |
| Occupation | | None | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | None | | | |
| Father's Name | | Charles Minson | | Father's Birthplace | | Md | | | |
| Mother's Maiden Name | | Mary Robinson | | Mother's Birthplace | | Md | | | |
| Name of person giving information | | Charles Minson | | How related to deceased | | Father | | | |

CAUSES OF DEATH

Primary Malnutrition 151 How long 1 week

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

W. H. Gibbons
Croom Md.

*Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sumner A. Young

CERTIFICATE OF DEATH

Died at

Branchywine

Town

Pr Geo

County

MARYLAND

Date

of death 1909

Month

7

Day

6

Age

Years

17

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Indy

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John W Young

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary M Youngman

Mother's
Birthplace

Ind

Name of person giving
Information

John W. Young

How related
to deceased

father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 or 4 months

Immediate

Asthma

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

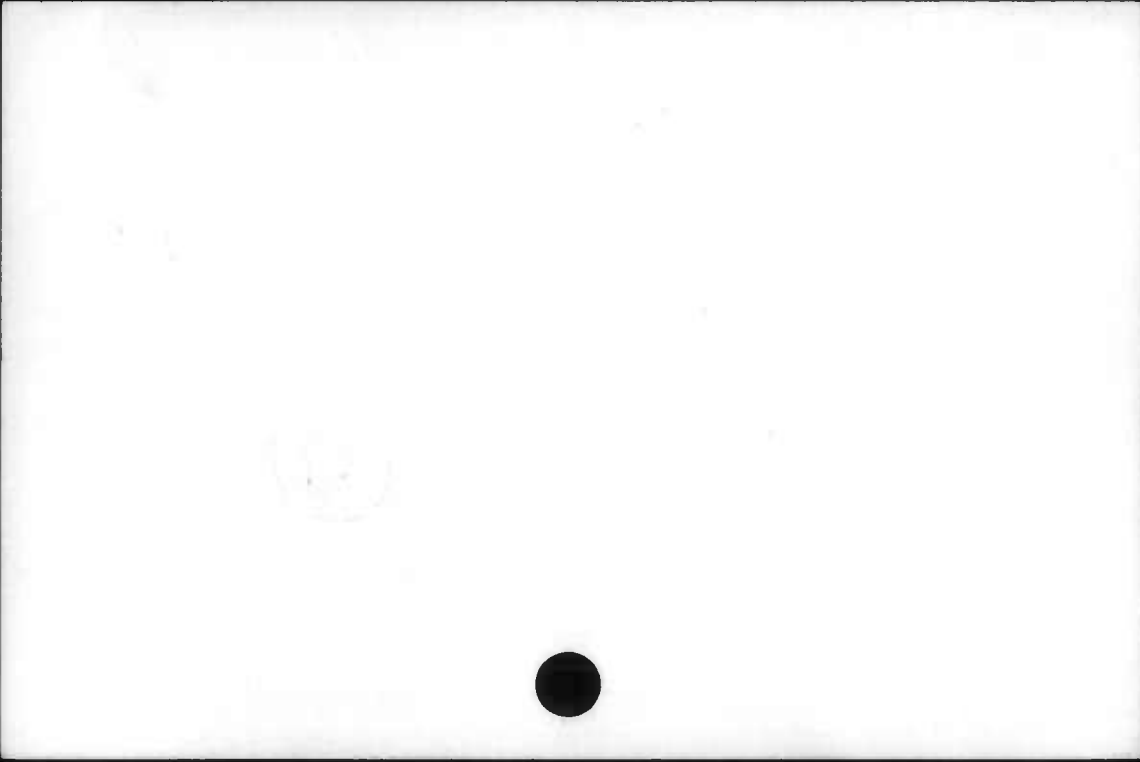
John A. Cor
I.B. Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

Infant Male Child Unknown
Town Prince George

CERTIFICATE OF DEATH

MARYLAND

Died at Woodmore Prince George

Date of death 1909 July 3 Age 11 Months 7 Days

Sex Male Color or Race Negro Birth-place Woodmore

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Not known

Father's Birthplace —

Mother's Maiden Name Not known

Mother's Birthplace —

Name of person giving Information James Benson

How related to deceased none

CAUSES OF DEATH

Primary Abandonment by the mother How long about 7 day

Immediate —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Walter Ryan Local Registrar
Mitchellville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

